

CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 2, 1985

a Benn publication

Limited list:

dispensing GPs' sales 'a stab in the back'
— full white and blacklist inside

Pharmacist wins appeal against striking off

Sacked Astons md awarded £178,000

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Limited list

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COMMENT

The Government may have published its white list, draft blacklist and the Regulations to implement the limited list scheme, but the debate continues unchecked.

Few would claim that the extended white list cannot accommodate the clinical needs of most patients. Even the BMA grudgingly describes the list as "barely adequate". But it is the blacklist which is causing concern.

Secretary for Social Services Norman Fowler says he accepted in full all recommendations of the advisory committee on the white list. What he failed to tell the committee, according to pharmacist member David Coleman, was that the white list's supposed mirror image — the blacklist or Schedule of banned NHS drugs — would contain some products banned by the Advisory Committee on Borderline Substances.

Mr Coleman's justifiable complaint is that Mr Fowler has been both devious and irrational. The banned products included are not an exhaustive list, merely those products GPs have at some time tried to prescribe.

However, it is Mr Fowler's intent to allow dispensing doctors to prescribe and supply blacklisted drugs on private script to dispensing patients — and the draft Regulations control

such action — that has caused a furore in pharmaceutical circles.

PSNC's chief executive Alan Smith says the profession has been "stabbed in the back" after supporting the limited list scheme, almost in isolation. Mr Smith says the Regulations will talk only about supply of blacklist drugs, not about dispensing against private scripts and will allow both a straightforward sale as well as unchecked dispensing in quasi-pharmacies.

Indeed, the deputy chairman of the GMSC admits GPs are unlikely to write private scripts for blacklisted medicines when in surgery: an oral command will suffice. Competent professionals will not allow any confusion about a prescription to the detriment of the patient, he suggests. Well, we hope not...

Doctors are laying themselves open to the charge made by the Society, as well as PSNC, that some will succumb to the temptation of establishing virtual pharmacies, run by clerical staff, without the patient safeguards available in community pharmacies. For the sake of the patient — not the pocket of the pharmacist — it is to be hoped dispensing GPs use these potentially inadequate Regulations just to maintain the *status quo*, no more. Even the *status quo* is a cause for concern.

GP blacklist sales a 'stab in the back' for pharmacy

Dispensing doctors will be allowed to supply blacklist medicines on private scripts to dispensing list patients under the limited list scheme. Secretary for Social Services Norman Fowler says this maintains the status quo. However, PSNC's Alan Smith says the amending regulations are unclear and could allow sale without a prescription. "Pharmacy has been stabbed in the back". Such "sales" will close smaller rural pharmacies, the Pharmaceutical Society says. GPs' representatives will ask MPs to reject the proposals. And the ABPI says, that while the first list was "stupid", the second is a "greater political nonsense." (White list, p414, blacklist, p415)

The list of medicines doctors can prescribe under the NHS has been extended in all therapeutic categories: the white list now includes over 100 preparations in the seven therapeutic categories but the blacklist contains almost 1,800 items. Products such as Gaviscon, Maalox, Mucaine, Fybogel, Dorbanex, Senokot granules and syrup, Pholcomed diabetic linctus, chlordiazepoxide, lorazepam and triazolam are now included in the white list.

Pharmacists will still be allowed to dispense some branded products until generic equivalents become available. For example they will be able to dispense Distalgesic, but doctors must write "generic" prescriptions for dextropropoxyphene and paracetamol.

Patients presenting prescriptions for blacklist medicines will have to be referred back to the prescriber. Prescriptions for blacklist drugs written before April 1 can be dispensed until April 30.

Mr Fowler told the Press last week there would be mistakes and public confusion at first. But to make the change easier there will be explanatory material available from the Government from April 1. And he is confident it will be ready in time — "We have started work on leaflets already".

Health Authorities will be asked to apply the limited list to the hospital service.

With the extended white list Mr Fowler admitted projected savings would be less than the £100m the Government had hoped for. "Our best estimate is now about £75m," he said. However, Mr Fowler expects further savings to accrue as more generic products replace branded ones on the white list. He also expects prescribing to improve and there to be less of it.

There are no plans to extend the list to

other therapeutic categories such as antibiotics or anti-inflammatory agents. "That is not our present intention," Mr Fowler said.

The so called blacklist — to be tabled for debate and parliamentary approval in the next few weeks — includes some products which the Advisory Committee on Borderline Substances have said are not medicines. Items such as Sweetex, Nivea, and other products doctors have tried to prescribe at some time, are also on the list. Nicorette too, is included.

Defending his handling of the limited list in the Commons, Norman Fowler failed to respond to a question about the

treatment of unsold stock held by pharmacists.

Mr Harry Ewing, from the Labour front bench, had asked the Minister to tell the House if it was the Government's intention "to buy back from the pharmacists the drugs that they hold in stock and that will now be removed from the list?"

Mr Michael Meadowcroft (Lib) stressed pharmacists were likely to be hit "seriously" by the new restrictions in financial terms.

Mr Fowler said: "The vast majority of drugs that will not be prescribable under the NHS do not require a prescription in any event.

"This means that people can buy those drugs over the counter and do not require a doctor's prescription."

Mr Fowler emphasised that despite his difficulties with the industry — and he complained the Association of the British Pharmaceutical Industry had gone "entirely over the top" in its advertising campaign against the Government's proposals — he still wished his Ministry to remain as its sponsoring department.

Mr Michael Meacher, Labour's Shadow Secretary for Social Services, argued that the fact that the final list was three and a half times as long as that originally proposed, showed what a hash Mr Fowler had made of the operation.

The Government also intends to apply the list and the necessary amending Regulations to Scotland and Northern Ireland on April 1.

Fowler says...

By accepting in full the advice of the advisory committee on the limited list to increase the white list from 30 to over 100 medicines, Secretary for Social Services Norman Fowler says: "In practice the health service will continue to provide all the medicines required to meet the clinical needs of patients".

In a statement to the Commons last week Norman Fowler said: "We fully accept that it is essential for independent professional advice to be available after April 1 on the need for changes in the list. I do not believe that complex machinery is required but I shall be very ready to discuss with the professional bodies concerned how the arrangements which have been used to formulate the extended list should be developed for the future.

"Dispensing doctors will be able to supply any medicine to those patients

from whom they already dispense although they will have to issue private prescriptions for medicines which are no longer available on the NHS.

"Concern has also been expressed about the position of retail pharmacists who now hold stocks of drugs which will no longer be available on the NHS. I am quite prepared to examine any relevant evidence pharmacists may present on their stockholding of drugs.

"The question has been raised whether there should be some form of appeal mechanism for individual cases in which a doctor believes it is necessary to prescribe from the blacklist. My unanimous medical advice is that the selected list is now comprehensive and will make this unnecessary on clinical grounds. Nevertheless, after examining the complete list and in the light of experience, if the medical representative organisation still wish to propose such a mechanism, we will discuss it with them. However, any mechanism would need to be very carefully controlled to ensure it could only be used in genuinely exceptional circumstances.

PSNC withdraws from contract talks over list

The Pharmaceutical Services Negotiating Committee has withdrawn from new contract negotiations because of the Government's decision to allow dispensing doctors to "sell" blacklist medicines.

PSNC chief executive Alan Smith says it is "ludicrous" to discuss changes in the NHS contract which would result in a reduction in the number of pharmacies when the Government has sanctioned the opening of around 3,000 quasi-pharmacies run by dispensing doctors with access to a sales blacklist of thousands of P and GSL medicines. "The Minister has stabbed pharmacy in the back," he told C&D.

He says PSNC is baulking at one of the amending Regulations necessary to alter terms of service for GPs and pharmacists.

The draft of 38(c) of The National Health Service (General Medical and Pharmaceutical Services) Amendment Regulations 1985, says: "A dispensing doctor may supply for a dispensing patient a scheduled (blacklist) drug and demand or accept a fee or other remuneration in respect of that supply." Mr Smith says it does not say "supply on a script."

PSNC included in its Pharmacists Charter proposals a suggestion that rational location of pharmacies be brought about by various financial incentives and disincentives. The profession subsequently backed the proposal suggesting non-cost effective outlets be offered compensation for closing down; an



initial practice allowance be paid to contractors opened in areas of need; and pharmacies relocating in the public interest be paid an allowance.

Health Minister Kenneth Clarke told C&D in an interview last year: "The Government has to look at the total number of pharmacies it is financing ... in city centres they can be found very hard and close upon each other for no apparent reason."

The new contract negotiations could save the NHS "millions" of pounds, Mr Smith told Norman Fowler in a recent letter.

Mr Smith said the dispensing doctor decision would threaten rural pharmacy unless there was effective policing to ensure doctors dispensed only for dispensing list patients. But there are no plans by the Government for any additional checks to be made, according to Mr Clarke.

FPCs have no remit for private prescriptions and the Pharmaceutical

Society has no jurisdiction over doctor's practices, Mr Smith explained.

The situation is made doubly unfair because doctors dispense from State subsidised premises, he said. "The Government should use its best endeavours to make sure pharmacy is fully utilised. The dispensing doctor decision runs counter to that."

Mr Smith is particularly upset because the PSNC has worked hard to take a positive viewpoint on the limited list and get the white list extended. Mr Smith said all but one of PSNC's suggested additions — Asilone — have been included in the final draft.

Contrary to the Minister's view, Mr Smith told C&D the dispensing doctor proposals did not maintain the *status quo*. There was now a financial inducement to give patients something on a private prescription. "What pricing policies will dispensing doctors adopt?" Mr Smith asked. "All rural pharmacies will suffer, whatever they are!"

ACBS products 'slipped in'

Secretary for Social Services
Norman Fowler has "gone behind the back" of the committee set up to advise him on the contents of his white and black lists by including many products declared non-drugs by the ACBS.

David Coleman, pharmacist member of the Minister's advisory committee, told C&D that as an architect of the list he was annoyed this had been done without his knowledge. "The ACBS products have been slipped in," he said, "and they're nonsensical. For example Hermesetas is

not included but Sweetex is. And what's the difference between Woodwards baby cream and any other baby creams?" This could be seen as a way of extending the list concept to topical preparations, he said.

PSNC met with the Department of Health on Tuesday to express their concern about ACBS products and the apparent mistake in the draft terms of service amendment for doctors: nowhere in the draft does it specify that dispensing doctors may supply blacklist products on a private prescription, and neither are there arrangements to check that they prescribe only for dispensing list patients.

Until the matter is cleared up PSNC has withdrawn pharmacist members from the monthly Rural Dispensing Committee meeting.

Non-HD generics

Another seven generic suppliers have assured the DHSS and the PSNC that discounts on products supplied to pharmacist contractors will not exceed 12 per cent. And PSNC are looking out for others.

The additions are N & G North East Generics, Pinewood Pharmaceuticals, Kirby-Warrick Ltd, Philip Harris Medical Ltd, Thornton & Ross Ltd, L. Rowland & Co Ltd, Mawdsley-Brooks & Co Ltd. The full list is published in NHS newsletter 1/85.

PSNC have also produced the second list of Drug Tariff Prices (DTP 2/85), allowing an easy check against suppliers' invoices for the need for endorsement.

'Dispensing GPs will not run mini-chemists'

Doctors' representatives believe dispensing GPs may not need to write a private prescription before making a supply of a blacklisted medicine to a dispensing patient from their surgery.

Deputy secretary of the General Medical Services Committee Dr P.J. Enoch, told C&D he believed the new draft Regulations covering doctors' and pharmacists' terms of service and the limited list would simply maintain the *status quo*. "I don't see that dispensing doctors will wish to turn their surgeries into mini chemist shops — that is not what doctors went into medicine for."

The Regulations would enable a dispensing patient to obtain blacklisted medicines through the surgery if both doctor and patient wished, said Dr Enoch. But he doubted whether a dispensing doctor would go through the technicality of issuing a private prescription in the surgery before it was dispensed by a member of staff. It would be "nonsensical" and a "waste of time".

Dr Enoch did not feel such a system would put patients at risk because of possible confusion in interpreting the doctor's oral prescription. If any confusion was likely the GP's medical records would show drug, dosage and quantity.

GMSC chairman Dr Michael Wilson says: "We will be asking MPs to reject these

proposals. The law should not be brought into the surgery to dictate which drugs may be prescribed by doctors for their individual patients' needs. We are now faced with a bureaucratic nightmare. We have a farcical blacklist of banned drugs coupled with a barely adequate white list of Government-preferred drugs, and we have drugs left unclassified."

The GMSC is seeking a further meeting with the Secretary of State to explore ways of achieving "real savings" on the NHS drugs bill without interfering with the care of patients. BMA chairman Dr John Marks says that if the scheme becomes law doctors will co-operate: this would include representation on the new advisory committee.

Dr David Roberts, chairman of the Dispensing Doctors Association, says he has no intention of doing chemists out of business: "Our main occupation is doctoring. We dispense as a service to our patients, not to make money."

Dr Roberts does not think that many patients will want blacklisted medicines because they are so expensive.

As far as Dr Roberts understands the situation the Health Secretary wants to maintain the *status quo* for dispensing doctors allowing them to supply blacklisted medicines only on private prescription. As for pricing the items Dr Roberts expects dispensing doctors will be guided by published price lists.

He is critical of the PSNC's opposition to the "private script" proposal and asks if the Committee is not satisfied with the £28m compensation for likely underpayment from the fall in script volume and net ingredient cost when the limited list is introduced.

had a small reprieve with Gaviscon (UK sales worth about £6m) and Fybogel (UK sales worth about £2m) reinstated to the white list.

The ABPI maintains that the list principle will damage NHS medical practice and will harm the interests of some patients.

Ministers are only continuing with the list to save face, says the ABPI, but they are relying on the Pharmaceutical Price Regulation Scheme to cut back extra costs incurred if doctors prescribe more sophisticated medicines in place of those blacklisted. Savings from the limited list scheme will only be about £20m to £35m on the modified list, says the Association.

ABPI director Dr John Griffin warns: "The real harm this incompetently introduced measure has done may take a decade or more to show, because investment and research cycles in the industry have such long time horizons".

Hoffmann-La Roche have said they stand to lose half to two thirds of their UK pharmaceutical turnover, which amounted to about £30m in 1983. Warner-Lambert too, will suffer; ex-factory sales of Benylin are worth some £9m a year of which about £4m are on prescription. And Upjohn believe lost revenue for Xanax could be in the region of £2m a year.

Conversely Reckitt & Colman have

Society concerned over GP sales

The Pharmaceutical Society has expressed "grave concern" over the proposal that dispensing doctors will be allowed to sell blacklisted drugs.

The Society says some doctors would be tempted to take advantage of the situation and would attempt to establish "virtual pharmacies." As many busy doctors permit their clerical staff to dispense medicines, there would be a considerable increase in the risks to patients.

"To entrust the handling of highly potent substances to persons totally lacking in training or qualifications to handle medicines is a folly which may lead to some calamitous consequences."

The new proposals may also bring about closure of some of the smaller pharmacies, especially those in rural areas. This would cause inconvenience, especially for the more vulnerable sectors of the community. The Society is considering making representations to the DHSS.

Legality of list

The question of whether the limited list would be considered illegal under EEC law was raised at a conference last week by Dr Laurence Gormley of the EEC Commission.

The British Medical Association maintains the list contravenes rules and recently asked the EEC Commission to intervene (C&D, February 2, p210).

Dr Gormley said that in the recent Duphar case, the European Court of Justice emphasised that Community law did not prevent member States from limiting the cost of their health schemes through restricting certain medicines. But such measures could be illegal if certain conditions were not met. The list of products concerned had to be drawn up using objective and verifiable criteria, unrelated to the origin of the product.

These criteria included whether less expensive products with the same therapeutic effect were available, whether they were available without prescription or whether they were subject to restricted reimbursement because of the need to protect public health. The lists should also be readily changeable to suit changing circumstances.

by Xrayser

Pharmacist wins appeal against striking off

Stafford pharmacist Richard Riley has won his High Court appeal against a decision of the Statutory Committee of the Pharmaceutical Society of Great Britain that he be struck off the Register.

Mr Justice Taylor, sitting in the Queen's Bench Division Court last week, said there had been "quite staggering" delay of nearly four years before the Statutory Committee dealt with Mr Riley's case in April, last year.

Lord Justice Watkins and Mr Justice Nolan agreed that the striking off order should be set aside, and substituted only a reprimand. Mr Riley was awarded his legal costs.

Mr Justice Taylor, giving judgment, said Mr Riley's appearance before the Statutory Committee was a result of his conviction in November 1980, of theft from his employers. The Society had known of the conviction at about the same time. The Judge said he was "appalled" at the time it had taken to reach the Committee. "For a professional body to delay for that length of time without any good excuse is to deny justice to Mr Riley."

Since his court appearance, Mr Riley had repaid the money he stole. He had also completed a community service order imposed by the Crown Court and had continued that work voluntarily, said the judge.

Mr Riley had tried his best to rebuild his life — he was married with three children — by opening his own chemist's with the help of loans from the bank and a pharmaceutical company. If his name was struck-off he would have to pay a pharmacist to work in his shop, and find another job himself, said the judge.

Lord Justice Watkins said there would be a "public outcry" if a defendant in a criminal court had to wait nearly four years before coming to trial.

Atrovent recall

Atrovent nebuliser solution was changed in August 1984 from a hypotonic to an isotonic solution. Pharmacists were asked to return old supplies, but Boehringer say that hypotonic solution is still being supplied to patients.

Pharmacists are asked to check stocks and return hypotonic Atrovent nebuliser solution to wholesalers for credit.

Cold comfort?

I see we've got a cure for colds at last — at least, that's what the media say (I always believe what I read in the papers — and, more to this particular point, so do my customers!). This time it's zinc that does the trick, all discovered because a naughty little girl sucked her leukaemia treatment instead of swallowing it whole. Well, greater discoveries have been made from even more humble observations, so I'll not decry this one till it's had a chance to prove, or disprove itself like all that have gone before.

By coincidence, I heard on the radio this week an interview with someone from the Common Cold Research Unit at Salisbury, and it seems they began their research for a cure around 1946. In all that time I would have expected them to have eliminated just about every drug and dietary constituent there was going — pity we didn't get told whether zinc was among the options tested.

Certainly I seem to remember they were pretty scathing about the value of vitamin C, though many people still swear by it. Perhaps it's all in the mind, and those who believe they are protected from the virus will be protected.

The same argument could be applied to many of the "alternative" therapies now fashionable.

As you may have gathered I've had a love-hate relationship with homoeopathy for the best part of tens of years. The acute scientific mind, razor sharp from years spent peering down test-tubes, sniffing pongs of high virulence in hot laboratories, "doing" qualitative and quantitative analysis in ways which other students could not do, gave me the assurance at 22 to condemn homoeopathy as so much bunk.

Well, I'm a bit older now, not much wiser, but willing to acknowledge there have been occasions when my past assurance seemed just a shade ill-founded. So much so that my attitude to any of the myriad propositions swirling around the fringe lands of medicine is granted a hearing when proponents are willing to try to explain how it works.

So, I have become familiar with diagnostic and curative methods as diverse as the pendulum, acupuncture, foot rubbing (under a fancy name), and diagnosis and treatment by analysis of a hair plucked fresh from the patient and posted to the specialist. All of which are good clean fun . . . and wide open to the quack or the ignorant who "feel" they can help or be helped.

Today I was approached in the shop by a middle aged woman, a regular customer,

who asked if I could give her a moment. As she sat down in the office, she said, rather shamefacedly I thought, that she had sent off to the Centre and they had come up with a diagnosis of the true cause of her trouble, but, she wanted to know, "Would it be alright to follow their advice?"

It seems she had been persuaded to post off a hair for confidential diagnosis of her trouble, and had received back the news she was totally allergic to milk products in any form, and implying she would be cured should she follow the appropriate diet. I regret I started to laugh when on questioning she admitted she had forgotten to tell them she was diabetic. It seems to me that anyone purporting to treat medical conditions by post should be obliged to forward their conclusions and their proposed treatments to the patient's GP (at least) before anything is actually done. I told this lady to carry on with her insulin.

Communication

I've often commented about the pleasure I get from letters I receive, some published and some sent to me privately via the Editor — especially when they come from fellow community pharmacists whose sympathies or "raw nerves" have been touched by my meanderings. These communications let me know that there really are people like me out there, and make the inevitable isolationism of this single-handed proprietor a little more acceptable. After all, we all need a bit of reassurance at times, don't we?

But whenever I'm feeling particularly lonely, I know I have merely to type the word "wholesa..." (careful now) to bring the ink flooding into the pens of a certain section of the readership. Sometimes it's to back me up; more usually I've got it all wrong again! Will I never learn? So thanks for the further round of education, Messrs Dodd and Ritchie; I'll bear your points in mind but keep my head down this week.

I'll also keep my powder dry on the limited list, because I've only seen an overview of the "black" side and want to look in detail at the products which will no longer be appearing on scripts. It is easy to take the academic view and to say that brands are the same as other brands are the same as generics. But I want to think in terms of individual patients — will Mr Jones be upset about the change; can his fears be overcome, and have they any foundation?

One thing I can already say, however: with 100 items to choose from in the affected categories, the dispensing doctor should have little need to start making sales.

A Guide to the Limited List

The white list and proposed blacklist with notes on their use

The "white" list of medicines available on NHS prescription from April 1 covers in the following therapeutic groups: antacids; laxatives; analgesics used for mild or moderate pain; cough and cold remedies (including cough suppressants, expectorants, demulcents and compound preparations, mucolytics, inhalations, systemic and topical nasal decongestants); bitters and tonics; vitamins, and benzodiazepine tranquillisers and sedatives.

Listed below are the preparations which continue to be available for prescription in each category.

Prescriptions should be written by the title used in this guidance note.

Guidance is also given about medicines with overlapping actions or medicines in the same category but with different indications (eg benzodiazepines used in anaesthetics or for epilepsy).

In instances where a non-proprietary preparation is not at present available to fill a clinical need, but a generic title is included in the list, prescribers should use this generic title. Pharmacists may supply an appropriate proprietary product until a non-proprietary preparation becomes available.

The guide should be read in conjunction with the blacklist which follows on page 415.

The blacklist includes products declared non-medicines by the ACBS. The list is provisional and subject to final Parliamentary approval. Inquiries about items in the blacklist should be directed to Room 603 at the Department of Health, Eileen House, 80 Newington Causeway, London SE1 6EF.

WHITE LIST

ANTACIDS

Alu-cap (1)
Aluminium Hydroxide Tabs BP
Aluminium Hydroxide Mist BP
Gastric Tabs
Gaviscon Infant
Gaviscon Liq
Gaviscon Tabs
Gelusil Susp
Maalox Susp
Magnesium Hydroxide Mist BP
Magnesium Trisilicate BP
Magnesium Trisil Tabs Co BP
Magnesium Trisil Mist BP
Mucogel Susp
Mucaine
Topal Tabs

Notes

1. The main use of Alu-cap is for hyperphosphataemia in renal failure.
 2. The following preparations which have been used in antacids and have other indications remain available:
- Calcium Carbonate Mist Co Paed BPC; Chalk Mist Paed BP; Sodium Bicarbonate Mist Paed BPC; Sodium Bicarbonate Tabs Co BP.

LAXATIVES

Bulk laxatives:
Clevac Tabs
Cellucon Tabs
Fybogel
Fybogel Orange
Isogel
Metamucil
Normacol Special
Regulan
Vi-siblin

Stimulant laxatives:
Bisacodyl Tabs BP Smg
Dorbanex Caps, Liq and Liq Forte
Normax
Senokot Granules
Senokot Syrup
Senokot Tabs BP

Faecal softeners:
Diocetyl Paed Syrup
Diocetyl Syrup
Diocetyl Tabs

Osmotic laxatives:

Lactulose Soln BP
Magnesium Sulphate BP
Magnesium Sulphate Mist BP

Suppositories:
Bisacodyl Suppos BP (all strengths)
Clycerol Suppos BP (all sizes)

Notes

1. All enemas remain prescribable.
2. Picolax and X-Prep Liquid remain available for bowel clearance before investigation or surgery.

ANALGESICS

Aspirin Tabs, BP (all strengths)
Aspirin Tabs Dispers BP
Aspirin Tabs Disp Paed BP
Aspirin and Codeine Tabs, Disp BP
Calpol Infant Susp
Codeine and Paracetamol Tabs (1)
Codeine Phosphate Syrup BP
Codeine Phosphate Tabs BP (all strengths)

Dextropropoxyphene Caps BP
Dextropropoxyphene and Paracetamol Tabs (2)
Dihydrocodeine Elix 10mg in 5ml
Dihydrocodeine Inj BP
Dihydrocodeine Tabs BP

Dihydrocodeine and Paracetamol Tabs (3)
Febritil Elixir
Paldesic Elixir
Paracetamol Elixir Paed
Paracetamol Tabs BP (all strengths)

Panadol Elixir
Panaleve Elixir
Pentazocine Lactate Inj BP
Pentazocine Suppos 50mg

Pentazocine Tabs BP
Salzone Syrup

Notes

1. Formula for Codeine and Paracetamol Tabs as in the Dental Practitioners' Formulary. (Codeine phosphate 8mg, paracetamol 500mg).
2. Dextropropoxyphene and Paracetamol Tabs contain Dextropropoxyphene HCl 32.5mg and paracetamol 325mg.
3. Formula for Dihydrocodeine and Paracetamol Tabs as in Dental

Practitioners' Formulary (Dihydrocodeine tartrate 10mg and paracetamol 500mg).

4. The following remain available for use as previously:

a. Aspirin preparations specifically formulated and indicated for use in Rheumatic Disease:
Aloxiptin Tabs BP, Benyrolate Mist BP, Benyrolate Tabs BP, Caprin, Nuseals Aspirin 300mg and 600mg, Trilisate.

b. Analgesic compounds specifically formulated and indicated for use in migraine: Midrid, Migravess, Migravess Forte, Migraleve (pink and yellow), Paramax.

c. All non-steroidal anti-inflammatory preparations indicated for use in rheumatic disease. (NB non-steroidal anti-inflammatory preparations licensed only as minor analgesics will not be available, if in doubt please check with the definitive schedule of drugs not available).

COUGH AND COLD REMEDIES

Cough Suppressants:

Codeine Linct BP

Codeine Linct Diabetic BPC

Codeine Linct Paediatric BPC

Pholcodine Linct BP

Pholcodine Linct Strong BP

Pholcodine Diabetic Linct

Pavacol-D

Expectorants, Demulcents and Co

Preps:

Ammonium Chloride Mist BP

Simple Linct BP

Simple Linct Paed BP

Systemic Nasal Decongestants:

Sudafed Elixir

Sudafed Tabs

Inhalations:

Benzoin Tinct Co BP

Menthols & Eucal Inhal BP

Topical Nasal Decongestants:

Ephedrine Nasal Drops BPC 0.5%

w/v

Ephedrine Nasal Drops BNF 1% w/v

Xylometazoline HCl nasal drops BP 0.05% w/v

Xylometazoline HCl nasal drops BP 0.1% w/v

Notes

1. Strong cough suppressants containing Controlled Drugs remain available, for example: Diamorphine Linct BPC, Methadone Linct BP.
2. Inhalation mucolytics remain available: Airbron, Alevaire.

Vitamin K preparations:

Phytomenadione Inj BP

Phytomenadione Tabs BP

Synkavit Inj (all strengths)

Synkavit Tabs

Oral multivitamin preparations:

Abidex Drops

Dalivit Drops

Vitamins Capsules BPC

Notes

1. Preparations such as Ketovite and supplementary vitamin tablets (Cow & Gate) which are required for patients on special diets remain available.
2. The following multivitamin injections remain available: Multibionta, Parentrovite, Fabrinex, Solvito, Vitlipid.
3. Folic Acid Tablets BP and combinations of folic acid with iron remain available.
4. Preparations of folic acid and its salts remain available.

BITTERS AND TONICS

Gentian Mist Acid BPC

Gentian Mist Alkaline BP

VITAMINS

Vitamin A preparations:

Halibut liver oil Caps BP

Ro-a-Vit Tabs

Ro-a-Vit Inj

Vitamins A and D caps BPC

Vitamin B preparations:

Hydroxocobalamin Inj BP 0.25mg/ml

Hydroxocobalamin Inj BP 1mg/ml

Nicotinamide Tabs BP (all strengths)

Pyridoxine HCl Tabs BP 10mg,

20mg, 50mg

Pyridoxine Inj BP

Thiamine HCl Inj BP (all strengths)

Thiamine HCl Tabs BP (all strengths)

Vitamin B Tabs Co BPC

Vitamin B Tabs Co strong BPC

Vitamins B and C Inj BPC

Vitamin C preparations:

Ascorbic Acid Inj BP

Ascorbic Acid Tabs BP 25mg, 50mg,

100mg, 200mg, 500mg

Vitamin D preparations:

AT 10

Calciferol Inj BP

Calciferol Soln BP

Calciferol Tabs, high strength BP

Calciferol Tabs, strong BP 1973

One-Alpha Caps

One-Alpha drops and drops diluent

Rocaltrol Caps

Tachyrol Tabs

BENZODIAZEPINE SEDATIVES AND TRANQUILLISERS

Chlordiazepoxide Caps BP, 5mg and 10mg

Chlordiazepoxide HCl Tabs BP, 5mg, 10mg and 25mg

Chlordiazepoxide Tabs BP, 5mg, 10mg and 25mg

Diazepam Elix 2mg in 5ml

Diazepam Tabs BP 2mg, 5mg and 10mg

Lorazepam Tabs 1mg and 2.5mg

Nitrazepam Mist 2.5mg in 5ml

Nitrazepam Tabs BP 5mg and 10mg

Oxazepam Tabs BP 10mg, 15mg and 30mg

Temazepam Caps 10mg and 20mg

Temazepam Elix 10mg in 5ml

Triazolam Tabs 0.125mg and 0.25mg

Notes

1. All benzodiazepines prepared for parenteral or rectal administration and those licensed only as anti-convulsants eg clonazepam (Rivotril) remain available.
2. Cllobazam will be prescribable by special arrangements for patients with epilepsy only.

BLACKLIST

PROPOSED LIST OF DRUGS AND OTHER SUBSTANCES NOT TO BE AVAILABLE AT NHS EXPENSE FROM APRIL 1

A

Abidec caps	Antussin Liq (Sterling Winthrop)
Acid Gent Mist with Nux Vom BPC	Anxon Caps 15mg
Acid Nux Vom Mist BPC	Anxon Caps 30mg
Acne Aid Bar	Anxon Caps 45mg
Actal Susp	Aperient Tabs (Brome & Schimmer)
Actal Tabs	Aperient Tabs (Kerbina)
Actifed Syrup	Apodorm Tabs 2.5mg
Actifed Comp Linct	Apodorm Tabs 5mg
Actifed Expect	APP Stomach Powder
Actifed Linct with Codeine	APP Stomach Tabs
Actifed Tabs	Arocin Caps
Actonorm Powder	Ascorbef Tabs
Actonorm Tabs	Ascorbic Acid BP & Hesperidin Caps (Regent Labs)
Action Tabs	Asilone Orange Tabs
Adexolin Vitamin Drops	Asilone Susp
Adult Cough Balsam (Cupal)	Asilone Tabs 250mg
Adult Melts Cough & Catarrh Linct	Askit Powders
Adults Tonic Mist (Thornton & Ross)	Askit Tabs
Alrazine Nasal Drops	Aspergum Chewing Gum Tabs
Alrazine Nasal Spray	Aspro Clear Tabs
Alrazine Paed Nasal Drops	Aspro Extra Strength Tabs 500mg
Agarol Emulsion	Aspro Junior Tabs
Agitolax Granules	Aspro Microfined Tabs
Airball Breathe Easy Vapour Inhaler	Asthma Tabs (Cathay)
AL Tabs	Astrosplast Analgesic Caps
Alagbin Tabs	Atensine Tabs 10mg
Alcin Tabs	Atensine Tabs 2mg
Aletres Cordial (Potters)	Atensine Tabs 5mg
Algipan Tabs	Ativan Tabs 1mg
Alka-Mints	Ativan Tabs 2.5mg
Alka-Seltzer Tabs	Atrixo
Alkaline Gent Mist with Nux Vom BPC	Aveeno Bar
Alkaline Nux Vom Mist BPC	Aveeno Bar Oiled
Alket Powders	Ayrtons Macleans Formula Tabs
All Fours Cough Mist (Harwood)	10 Day Slimmer Tabs
All Fours Mist (Glynwed Wholesale Chem)	10 Hour Caps

B

B Complex Caps (Rodale)	Bonomin Chewing Gum
B Complex Super Caps (Rodale)	Bonomin Tabs
B Extra Tabs (Brit Chemotherapeutic Prods)	Booth's Cough & Catarrh Elix
Babezone Syrup	Booth's Cold Relief Powder for Sol
Baby Chest Rub Oint (Cupal)	Boots Comp Laxative Syrup of Figs
Babylix Syrup	Boots Cough Relief for Adults
Balm of Gilead (Robinsons)	Boots Glyc & Black Cough Relief
Balm of Gilead Cough Mist (Wicker, Herbal Stores)	Boots Health Salts
Balm of Gilead Liq (Culpeper)	Boots Indigestion Plus Mist
Balm of Gilead Mist (Potter)	Boots Indigestion Powder
Barker's Liquid of Life Sol	Boots Vapour Rub Oint
Barker's Liquid of Life Tabs	Box's Balm of Gilead Cough Mist
Altacaps	Bravif Caps
Altacite Plus Susp	Bravif Tabs
Altacite Plus Tabs	Breoprin Tabs 648mg
Altacite Susp	Brewers Yeast Tabs (3M Health Care)
Altacite Tabs	Brewers Yeast-Super B Tabs (Rodale)
Aludrox Gel	Brewers Yeast Tabs (Phillips Yeast Products)
Aludrox M H Susp	Becosym Forte Tabs
Aludrox S A Susp	Becosym Syrup
Aludrox Susp	Becosym Tabs
Aludrox Tabs	Becotab tabs
Aluhydre Tabs	Beechams Day-Nurse Syrup
Aluminium Hydrox & Silicone Susp	Beechams Catarrh Caps
Alupent Expect Mist	Beechams Pills
Alupent Expect Tabs	Beechams Powders Tablet Form
Aluphos Gel	Beechams Powders
Aluphos Tabs	Beechams Powders Mentholated
Alupram Tabs 10mg	Beehive Balsam
Alupram Tabs 2mg	Bekovit Tabs
Alupram Tabs 5mg	Belladonna & Ephed Mist Paed BPC
Aluzyme Tabs	Bellocat Tabs
Alzed Tabs	Benadon Tabs 20mg
Amisyn Tabs	Benadon Tabs 50mg
Ammonia and Ipecac Mist BP	Benafed Linct
Anadin Analgesic Tabs	Benerva Comp Tabs
Anadin Tabs Sol	Benerva Inj 25mg/ml
Ancoloxin Tabs	Benerva Inj 100mg/ml
Andrews Liver Salt (Diab Formula) Effervescent Powder	Benerva Tabs 10mg
Andrews Liver Salts	Benerva Tabs 100mg
Andursil Liq	Benerva Tabs 25mg
Andursil Tabs	Benerva Tabs 3mg
Anestan Bronchial Tabs	Benerva Tabs 300mg
Aneurone Mist	Benerva Tabs 50mg
Angiers Junior Aspirin Tabs	Bengue's Balsam
Anorvit Tabs	Benylin Day & Night Cold Treatment
Antasil Liq Susp	Benylin Decongestant Linct
Antasil Tabs	Benylin Expect
Antistin-Privine Nasal Drops	Benylin Fortified Linct
Antistin-Privine Nasal Spray	Benylin Menth Cough & Decong Linct
Antitussive Linct (Cox)	Benylin Paediatric Sol

Benylin with Codeine	Brontus Syrup for Children
Benzedrex Inhaler	Brontussin Cough Suppressant Mist
Benzoin Inhalation BP	Brooklax Tabs
Beogex Supps	Brotizolam Tabs 0.125mg
Bepro Cough Syrup	Buffern Tabs
Bile Beans Formula 1 Pill	Buttercup Baby Cough Lincts
Bioflavonoid C Capsules	Buttercup Syrup

Brontus Syrup for Children

Bronitussin Cough Suppressant Mist	Children's Cough Syr (Evans Med)
Brooklax Tabs	Children's Medicine Liq (Hall's)
Brotizolam Tabs 0.125mg	Children's Phenac Tabs
Brotizolam Tabs 0.25mg	Children's Wild Cherry Cough Linct (Evans Med)
Buffern Tabs	Chilvax Tabs
Buttercup Baby Cough Lincts	Chocolate Lax Tabs (Isola)
Buttercup Syrup	Chocovite Tabs

C

Cabdrivers Adult Linct	Cinnamon Essence Med Mist (Langdale's)
Cabdrive Diabetic Linct	Cinota Drops
Cabdrivers Infant Decong Tabs	Citrosan Powder in Sachets
Cafadol Tabs	Claradin Effervescent Tabs
Caffeine & Dextrose Tabs	Clarkes Blood Mist
Calcimax Syrup	Cleansing Herb Dried (Potters)
Calcinate Tabs	Cleansing Herbs (Brome & Schimmer)
Calcium Syrup (Berk Pharms)	Cleansing Herbs Powder (Dorwest)
California Syrup of Figs	Clorazepate Dipotassium Caps 15mg
Calpol Six Plus Supp	Clorazepate Dipotassium Caps 7.5mg
Calpol Tabs	Clorazepate Dipotassium Tabs 15mg
Calslettes Sugar Coated Tabs	Co-op Aspirin Tabs BP 300mg
Calslettes Uncoated Tabs	Co-op Bronchial Mist
Camfortix Linc	Co-op Halibut Liver Oil Caps BP
Cantaflour	Co-op Paracetamol Tabs BP 500mg
Capramin Tabs	Co-op Soluble Aspirin Tabs BP 300mg
Carbellon Tabs	Cobalin H Inj 1000mcg/ml
Carisoma Comp Tabs	Cobalin H Inj 250mcg/ml
Carnation Instant Build-Up	Cobalin Inj 100mcg/ml
Carrzone Powder	Cobalin Inj 250mcg/ml
Carters Little Pills	Cobalin Inj 500mcg/ml
Cascara Evacuat Liq Mist	CLO & Creosote Caps (10 Oval) (R P Scherer)
Cascara Tabs BP	CLO & Creosote Caps (5 Oval) (R P Scherer)
Castellan No 10 Cough Mist	CLO Caps 10 Minims (Woodward)
Catarrh & Bronch Syr (Thornton & Ross)	CLO High Potency Caps (R P Scherer)
Catarrh Cough Syrup (Boots)	CLO with Malt Ext & Hypophos Syr (Distillers)
Catarrh Mist (Herbal Laboratories)	CLO 0.3ml Caps (R P Scherer)
Catarrh Syr for Children (Boots)	CLO 0.6ml Caps (R P Scherer)
Catarrh Tabs (Cathay)	Codanin Analgesic Tabs
Ceeyees Tabs	Codis Soluble Tabs
Celaton Rejuvenation Tabs	Codural Tabs
Celaton CH3 Strong & Calm Tabs	Cojene Tabs
Celaton CH3 Triplus Tabs	Cold & Influenza Caps (Regent)
Celaton CH3 + East & Vitality Tabs	Cold & Influenza Mist (Boots)
Celaton Whole Wheat Germ Caps	Cold & Influenza Mist (Davidson)
Celavit 1 Powder	Cold & Influenza Mist (Rusco)
Celavit 2 Powder	Cold & Influenza Mist (Thornton & Ross)
Celavit 3 Powder	Cold Relief (Black) Gran Powd (Boots)
Celevac Granules	Cold Relief Caps (Scott & Bourne)
Centrax Tabs 10mg	Cold Relief Tabs (Boots)
Cephos Powders	Cold Tabs (Roberts)
Cephos Tabs	Coldrex Tabs
Charabs Tabs	Colgard Emergency Ess (Lane Health Prods)
Charvita Tabs	Collins Elixir
Cheroline Cough Linc	Colocynth & Jalap Tabs Co BPC 1963
Cherry Bark Cough Syr Child (Lov)	Comogel Liq
Cherry Bark Linct Adults (Lov)	Complan
Cherry Cough Balsam (Herbal Lab)	Complement Continus Tabs
Cherry Cough Linct (Savoury & Moore)	Compound Flav Ext of Malt (Distillers)
Cherry Cough Mist (Rusco)	Compound Syrup Elix BP
Cherry Flav Ext of Malt (Distillers)	Compound Rhubarb Oral Powder BP
Chest & Cough Tabs (Brome & Schimmer)	Compound Rhubarb Tinc BP
Chest & Cough Tabs (Kerbina)	Compound Syrup of Glycerophos BPC 1963
Chest & Throat Tabs No 8,000 (Eng Grains)	Compound Syrup of Hypophos BPC 1963
Chest Pills (Brome & Schimmer)	Comtrex Caps
Chest Tabs (Kerbina)	Comtrex Liq
Chesty Cough Syr (Scott & Bourne)	Comtrex Caps
Chilblain Tabs	Concavat Drops
Child's Cherry Flavoured Linc (Cupal)	Concavat Inj
Children's Blac Cough Syr (Rusco)	Concavat Syrup
Children's Cherry Cough Syr (Thornton & Ross)	Congestez Syrup
Children's Cough Linc (Ransom)	Congestez Tabs
Children's Cough Mist (Beecham)	
Children's Cough Mist (Loveridge)	
Children's Cough Syr (Ayrton Saunders)	
Children's Cough Syr (Cupal)	
Children's Blac Cough Syr (Rusco)	
Children's Cherry Cough Syr (Thornton & Ross)	
Children's Cough Linc (Ransom)	
Children's Cough Mist (Beecham)	
Children's Cough Mist (Loveridge)	
Children's Cough Syr (Ayrton Saunders)	
Children's Cough Syr (Cupal)	

LIMITED LIST

BLACKLIST

PROPOSED LIST OF DRUGS AND OTHER SUBSTANCES NOT TO BE AVAILABLE AT NHS EXPENSE FROM APRIL 1

Congreves Balsamic Elixir
Constipation Herb Dried (Potters)
Constipation Herbs (Hall's)
Constipation Herbs (Mixed Herbs) (Brome & Schimmer)
Constipation Mixture No 105 (Potters)
Contact 400 Caps
Copholco Cough Syrup
Corrective Tabs (Ayrton Saunders)
Correctol Tabs
Cosalgesc Tabs
Cosylan Syrup
Coterpyn Syrup
Cough & Bronch Mist (F C Davidson & Son)
Cough & Cold Mist (Beecham)
Cough Balsam (Abernethy's)
Cough Balsam (Thornbers)
Cough Expect Elix (Regent Labs)
Cough Linc (Sanderson's)
Cough Linc Alcoholic (Tho Guest)
Cough Linc for Children (Boots)
Cough Medicine for Inf & Child Soln (Boots)
Cough Mist (Tangles)
Cough Mist Adults (Thornton & Ross)
Cough Mist Adults (Wicker Herbal Stores)
Cough Syrup Best (Diopharm)
Cough Tabs (Kerbina)
Covermark Removing Cream
Conovia Bronchial Balsam Linct
Cox Pain Tabs
Crampex Tabs
Cream of Magnesia Tabs 300mg
Cremafilm Emulsion
Creosote Bronch Mist (J M Loveridge)
Crookes One-a-Day Multivit with Iron
Crookes One-a-Day Multivit without Iron
Croupine Cough Syrup (Roberts)
Cupal Health Salts
Cytacon Liq
Cytacon Tabs
Cytamen 1000 Inj
Cytamen 250 Inj

D

Dakin's Golden Vitamin Malt Syrup
Dalavit Caps
Dalivit Syrup
Dalmame Caps 15mg
Dalmame Caps 30mg
Dansac Skin Lotion
Davenol Linct
Daxads Tabs
Day Nurse Caps
Day-Vits Multivit & Mineral Tabs
Dayovite
De Wit's Analgesic Pills
De Wit's Antacid Powder
De Wit's Antacid Tabs
De Wit's Baby Cough Syrup
De Wit's Cough Syrup
De Wit's PL Pills
Deakin & Hughes Cough & Cold Healer Mist
Deakin's Fever & Inflamm Remedy Mist
Delax Emulsion
Delimon
Dentikit Toothache First Aid Kit
Derbac Soap
Dermacolour Cleansing Cream
Dermacolour Cleansing Lotion
Dermacolour Cleansing Milk
Desiccated Liver Tabs
Desiccated Liver USNF Tabs
Detox Tablets (Hursdrex)
Dextrogesic Tabs
DF 118 Elixir
DF118 Inj
DF118 Tabs
DGL 1 Susp

E

Ecdily Syrup
Educol Tabs
Elamol Caps
Effer-C Tabs

Elico Syrup
Eldermint Cough Mist (Herbal Labs)
Elkamol Tabs
Endet Powders
Energen Starch Reduced Crispbread
Engran HP Tabs
Engran Tabs
Eno Fruit Salt (Powder)
EP Tabs
Equagesic Tabs
Eskornade Spansule Caps
Eskornade Syrup
Eso-Col Cold Treatment Tabs
Euhypnos Elixir 10mg/5ml
Euypnos Forte Caps 20mg
Evacalm Tabs 2mg
Evacalm Tabs 5mg
Evans Cough Balsam
Ex-Lax Chocolate Laxative Tabs
Ex-Lax Pills
Expectorant Cough Mist (Beecham)
Expulin Cough Linct
Expulin Paed Cough Linct
Expulin Paed Decongestant
Extol Compound Linct
Extravite Tabs
Exten Tabs
Exyphen Elixir
E001 Caps
E015 Caps
E018 Caps
E021 Caps
E031 Caps
E032 Caps

F

Fabrol Granules
Falcodyl Linct
Fam Lax Tabs
Doloxene Caps
Doloxene Co Pulvules
Dolvan Tabs
Dormonect Tabs 1mg
Dr Brandreth's Pills
Dr D E Jongh's CLO with Malt Ext & Vit Fort Syr
Dr William's Pink Pills
Drastan Tabs
Drastan Decong Tabs with Antihist
Drastan Nasal Spray
Droxalin Tabs
Dry Cough Linc (Scott & Bourne)
Dual-Lax Extra Strong Tabs
Dual-Lax Tabs (Normal)
Dulca Tabs
Dulcodas Tabs
Dulcolax Suppos
Dulcolax Tabs
Duo-Gastritis Mist (Baldwin's)
Duphalac Syrup
Duralin Caps Ext Strength
Duralin Tabs
Duttons Cough Mist
Dynes Aqueous Susp
Dynes Plus Aqueous Susp
DyneTabs
D001 Caps
D002 Caps
D004 Caps
D006 Caps
D007 Caps
D009 Caps
D010 Caps
D011 Caps
D012 Caps
D013 Caps
D014 Caps
D017 Caps
D018 Caps
D019 Caps
D020 Caps
D021 Caps
D024 Caps
D029 Caps
D030 Caps
D031 Caps
D032 Caps
D033 Caps
D034 Caps
D036 Caps

Fortral Caps 50mg
Fortral Inj
Fortral Suppos
Fortral Tabs 25mg
Fortral Tabs 50mg
Fortnis Sol
Fosfor Syrup
Franol Expect
Franolyn Sed Liq
Frismum Caps 10mg
Frismum Caps 20mg
Frismum Caps 5mg
Fybrianta Tabs
Fynnon Calcium Aspirin tabs
Fynnon Salt

Hedex Plus Caps
Hedex Selzer Granules
Hedex Soluble Granules
Hedex Tabs
Hemingways Catarrh Syrup
Hemoplex Inj
Hepacon B12 Inj
Hepacon Liver Extract Inj
Hepacon-Plex
Hepacon-B Forte Inj
Hepanorm Tabs
Herbal Aperient Tabs (Cathay)
Herbal Aperient Tabs (Kerbina)
Herbal Bronchial Cough Tabs (English Grains)
Herbal Laxative Naturtabs
Herbal Pile Tabs
Herbal Quiet Nite Sleep Naturtabs
Herbal Syrup (Baldwin's)
Herbaleine Herbs
Hi-g-ah Tea
Hi-pro Liver Tabs
Hill's Bronchial Balsam
Hill's Junior Balsam
Hip C Rose Hip Syrup
Histalix Expectorant
Honey & Molasses Cough Mist (Lane Health Prds)
Hot Lemon Cold (Scott & Bowne)
Hot Measure Soln (Reckitt & Colman)
Hypon Tabs

G

G Brand Linctus
Galler — Vit Caps
Galloway's Baby Cough Linc
Galloway's Bronchial Expect
Galloway's Cough Syrup
Gamophen
Gastalar Tabs
Gastric Ulcer Tabs No 1001
Gastrilis Pastilles
Gastritabs, Bismuth Heartburn Tabs
Gastrovite Tabs
Gatinar Syrup
Gaviscon Granules
Gelusil Lac Powder
Gelusil Tabs
Genasprin Tabs
Genatosen
Gentian & Rhubarb Mist BPC
Georges Vapour Rub Oint
Genplex Caps
Gerval Caps
GF Gluten-Free Maize Biscuits with Chocolate
GF Gluten-Free Maize Biscuits with Hazel-Nut
GF Gluten-Free Thin Wafer Bread
Givitol Caps
Gladlax Tabs
Glemony Balsam (Baldwin's)
Glenco Elixir
Gluca-Seltzer Effervescent Powder
Glucodin
Glyc Hon & Lem Cough Mist (Isola Manufacturing)
Glyc Hon & Lem Linct wth Ipecac (Boots)
Glyc Lem & Hon and Ipecac (Thomas Guest)
Glyc Lem & Hon Linct (Rusco)
Glyc Lem & Hon Syrup (Cupal)
Glyc Lem & Hon Syrup (Thomas Guest)
Glyc Lem & Hon Syrup (Waterhouse)
Glyc Lem & Ipec Cough Mist (Isola Manufacturing)
Glykola Elixir
Glykola Infants Elixir
Golden Age Vit & Mineral Caps
Golden Health Tabs (Kerbina)
Golden Health Tabs (Brome & Schimmer)
Gon Tabs
Gonfalcon Tabs
Grangewood Insomnia Tabs
Granogen
Granoton Emulsion
Gregovite C Tabs
GS Tabs
Guanor Expect

I

Iberet 500 Tabs
Iberol Tabs
ICC Analgesic Tabs
Ihadin Mini Nasal Drops
Ihadin Mini Paed Nasal Drops
Imarale Agua Susp
Imarale Omode Susp
Inabrin Tabs 200mg
Indian Brandy Soln
Indigestion Mist (Boots)
Indigestion Mist (Thornton & Ross)
Indigestion Mist (William Ransom)
Indigo Indigestion Lozenges
Influenza & Cold Mist 2315 (Wright Layman & Umney)
Inhalat Lig Inhalation
Iodised Vit Caps
Ipsel Hygienic Babysalve
Irotol C
Iron & Brewers Yeast Tabs (3M Health Care)
Iron & Vitamin Tabs (F C Davidson)
Iron Formula Tabs (Rodale)
Iron Jelloids Tabs
Iron Tonic Tabs (Boots)
Ironorm Caps
Ironorm Tonic
Ironplan Caps
Ivy Tabs (Ayrton Saunders)
Iodo-Ephedrine Mist

J

Jaap's Health Salts
Jackson's All Fours Cough Mist
Jacksons Febrifuge
Jambomins Tabs
Jenners Susp
Jenners Tabs
Junamac
Jung Junipah Tabs
Junior Aspirin Tabs 75mg
Junior Cabdrivers Linc
Junior Ex-Sprin Tabs
Junior Ex-Lax Chocolate Tabs
Junior Lemspip Powder
Junior Melts Cough & Catarrh Linc
Junior Mucon Liq
Junior Tabs (Rodale)
Juno-Juniper Mineral Salts
Juvel Elixir
Juvel Tabs

H

H Pantoten Tabs
Hactos Chest & Cough Mist (Tho Hubert)
Halaurant Syrup
Halcion Tabs 0.125mg
Halcion Tabs 0.25mg
Haliborange Syrup
Halibut Liv Oil A & D Caps (Rodale)
Hahn Tabs
Halocaps Inhalant Capsules
Halycitol Emulsion
Haymire Tabs
Hayphryn Nasal Spray
Health Salts (Wicker Herbal Stores)
Health Tonic Mist (Hall's)
Heart Shape Indigestion Tabs

K

Karvol Caps
Kendales Adult Cough Syrup
Kendales Cherry Linct
Kest tabs
Ketazolam Caps 15mg
Ketazolam Caps 30mg
Ketazolam Caps 45mg

Clinical Trial Results on Benylin

Benylin Expectorant re-affirmed as No.1 in Pharmacy for Chesty Coughs



- Highly significant relief after a single dose.
- Consistently better in reducing cough frequency and severity.
- Preferred for taste and general palatability.

A recent trial¹ on expectorant cough treatments proved the superiority of Benylin Expectorant over a triprolidine formulation which is also used in the treatment of coughs.

Benylin Expectorant was shown to be significantly better in giving symptomatic relief, even after a single dose, and scored significantly better for patient preference on smell, taste and general palatability.

Proof of the superiority of Benylin Expectorant, your No.1 cough treatment. Prescribed by doctors, recommended by pharmacists.

Benylin, No.1

Composition: Each 5ml contains: Diphenhydramine hydrochloride Ph Eur 14mg; Ammonium chloride Ph Eur 135mg; Sodium citrate Ph Eur 57mg; Menthol 8.811mg.
Indications: For the relief of cough and its congestive symptoms.
Dosage: Adults: One or two 5ml spoonfuls every two or three hours;
Children 1-5 years: 2.5ml every three or four hours, 6 to 12 years: One 5ml spoonful every three or four hours.

Contra-indications, warnings etc: Known hypersensitivity to any of the active constituents. Renal dysfunction. May cause drowsiness. If affected, the patient should not drive or operate machinery. Avoid alcoholic drink. As with any other medicine, care should be taken in administration during pregnancy.
Product licence no. 0018/5090.
Cost: 125ml x 24 List price ex VAT £20.83, 250ml x 12 List price ex VAT £18.53.

**WARNER
LAMBERT**

the name people feel better with
Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY

LIMITED LIST

BLACKLIST

PROPOSED LIST OF DRUGS AND OTHER SUBSTANCES NOT TO BE AVAILABLE AT NHS EXPENSE FROM APRIL 1

Keybells Linct, Glyc, Lem & Ipecac
Kingo Cough Syrup
Koladex Tabs
Kolanticon Gel
Kolanticon Tabs
Kolanticon Wafers
Kolantol Gel
Krauses Cough Linct
Kruschen Salts
Kuralex Herbs

L

Labiton Kola Tonic
Laboprin Tabs
Lac Bismuth Mist
Lacto Calamine
Laevoral
Lance B & C Tabs
Lane's Cut-a-Cough
Lane's Laxative Herb Tabs
Lane's Sage & Garlic Catarrh
 Remedy
Lantgen B
Laxaliver Pills
Laxalabs Leoren
Laxipurg Tabs
Laxoberal Elixir
Lederplex Caps
Lederplex Liq
Lejhube Biscuit
Lem Plus Hot Lemon Drink
Lemeze Cough Syrup
Lemon Eno Powder
Lemon Flav Coldrex Powd Sachets
Lemon Flu-Cold Conc Syrup
Lemon Glyc & Hon Cough Syr Co
 (Carter Bond)
Lemon Glyc & Hon Lung Mist
 (Whitehall Labs)
Lemon Glyc & Ipec Cough Syrup Co
 (Carter Bond)
Lemon Juice, Glyc & Hon AS Syrup
Lemon Linctus 1-472
Lemsip Powder
Lendormin Tabs 0.125mg
Lendormin Tabs 0.25mg
Leoren Tonic Tabs
Levius Uncoated Contr Release Tabs
 500mg

Lexotan Tabs 1.5mg
Lexotan Tabs 3mg
Lexotan Tabs 6mg
Libraxin Tabs
Librium Caps 10mg
Librium Caps 5mg
Librium Tabs 10mg
Librium Tabs 25mg
Librium Tabs 5mg
Lightning Cough Remedy Soln
 (Potter's)
Limbitrol Caps "10"
Limbitrol Caps "5"
Linctified Expect
Linctified Expect Paed
Linctoid C
Lintuss
Linoleic Acid — Naudicelle, Efamol,
 Evening Primrose Oil
Linus Vitamin C Powder
Lipo-flavonoid Caps
Lipotriad Caps
Lipotriad Liq
Liquitutra Blackcurrant Cough Med
Liquitutra Hon & Lem Cough Med
Liquitutra Medica
Liquitutra Medica Garlic Flavd
 Cough Med
Liquid Formula (Food Conc)
 (Rodale)
Liquid Paraffin & Phenolphth Emuls BP
Liquid Paraffin Emul with Casc BPC
Liver Herbs (Hall's)
Livibron Mist
Loasid Tabs
Lobca Tabs
Lolthouse's Original Fisherman's
 Friend Honey Cough Syrup

Loprazolam Tabs 1mg
Loramet Caps 1mg
Loramet Tabs 0.5mg
Loramet Tabs 1mg
Lormetazepam Caps 1mg
Lormetazepam Tabs 0.5mg
Lormetazepam Tabs 1mg
Lotussin Cough Syrup
Lung Balsam (Rusco)
Lysaldin

M

M & B Children's Cough Linc
Maalox Concentrate Susp
Maalox Plus Susp
Maalox Plus Tabs
Maalox Tabs
Maalox TC Tabs
Mackenzies Smelling Salts
Maclean Indigestion Powder
Maclean Indigestion Tabs
Mainstay Pure Cod Liver Oil
Maled Gland Double Strength
 Supplement Tabs
Male Sex Hormone Tabs (Diapharm)
Malinal Susp 500mg/ml
Malinal Tabs 500mg
Malt Ext with CLO & Chem Food
 BPC Syr (Distillers)
Malt Ext with CLO BPC & Hypophos
 (Distillers)
Malt Ext with CLO BPC Soft Extract
 (Jelfreys Miller)
Malt Ext with Haemoglobin & Vit Syr
 (Distillers)
Malt Ext with Hal Liver-Oil Syr
 (Distillers)
Mandarin Tabs
Manna Herbal Rheumapainaway
 Tabs
Matthew Cough Mist
Maturaphus Tabs
Maximum Strength Anadin
 Analgesic Caps
Maxivits Tabs
Medathalon Aspirin Tabs 300mg
Medazepam Caps 10mg
Medazepam Caps 5mg
Medex Elixir
Medilax Tabs
Medipain Tabs
Medised Susp
Medised Tabs
Meditus Syrup
Medocodene Tabs
Meggeson Dyspepsia Tabs
Melissa Syrup
Melo Glyc Lem & Hon with Ipecac
Meloids Lozenges
Menthacol Liq
Menthells Pellet/Pill
Menthol & Benzoin Inhalation BP
Menthol & Eucal (M in P) Past (Tho
 Guest)
Menthol Inhalation
Menth Balsam (JM Loveridge)
Menth Balsam (Savoury & Moore)
Menth Balsam (Wright Layman &
 Umney)
Menth Balsam Mist (Pilsworth Manf)
Mentholutam Balm
Metatone Soln
Midro-Tea Powder
Milk of Magnesia Tabs
Mil-Pat Susp
Minadex Syrup
Minamino Syrup
Minuvits Tabs
Modifast Nutritionally Complete
 Supplemented Fasting Formula
Mogadon Caps 5mg
Mogadon Tabs 5mg
Moordland Indigestion Tabs
Morning Glory Tabs
Mrs Cullen's Lemsoothe Powder
Mrs Cullen's Powders
Mu-Cron Tabs

Mucodyne Caps
Mucodyne Forte Syrup
Mucodyne Forte Tabs
Mucodyne Paed Syrup
Mucolalk Sachets
Mucogel Tabs
Mucoplex Syrup
Mucoplex Tabs
Mucron Liq
Mulfim Linct
Multi Vitamin Tabs (English Grains)
Multivit Caps (Regent Labs)
Multivit Tabs (APS)
Multivit Tabs (Chemipharm)
Multivit Tabs (Evans Medical)
Multivit Tabs (UAC International)
Multivit with Mineral Caps (Poitiers)
Multivit with Minerals Tabs
 (Chemipharm)
Multivite Pellets
Multone Tabs
My Baby Cough Syrup
Mycolante Tabs
Mylanta Liq
Mylanta Tabs
Myolgin Tabs

N

N Tonic Syrup (Cupal)
N-300 Caps
Napoloids Tabs
Napsalgesic Tabs
Natex 12A Tabs
Natural Bran
Natural Herb Laxative Tabs (Kerbina)
Natural Herb Laxative Tabs (Brome &
 Schimmer)
Natural Herb Tabs (Kerbina)
Natural Herb Tabs (Dorwest)
Natural Herb Tabs (Lane)
Naturavite Tabs
Neocytamen Inj 1000mcg/ml
Neocytamen Inj 250mcg/ml
Neoklenz Powder
Neophyrin Nasal Drops
Neophyrin Nasal Spray
Nethaprin Expect
Neuro Phosphates
Neurodyne Caps
Neutradonna Powder
Neutradonna Sed Powder
Neutradonna Sed Tabs
Neutradonna Tabs
Neutragena Soap
Neutrolactis Tabs
New Formula Beechams Powders
 Capsules
New Life Herbs
New Life Tabs
Newton's Child Cough Treatment
Newton's Cough Mist for Adults
Nezaam Syr
Nicobrevin
Nicorette
Night Nurse
Nirolex Expect Linct
Nitrados Tabs 5mg
Nitrazepam Caps 5mg
Nivea
No 177 Tabs (Leoren)
Nobnum Caps 10mg
Nobnum Caps 5mg
Nocold Tabs
Noctamid Tabs 0.5mg
Noctamid Tabs 1mg
Noctesed Tabs
Noradran Bronchial Syr
Noradran Syr
Norgesic Tabs
Normacol Antispasmodic
Normacol Standard
Normacol Standard Sugar Free
Normison Caps 10mg
Normison Caps 20mg
Norvit Syr
Noscapine Linct BP
Novasil Antacid Tabs
Novasil Antacid Viscous Susp
Nulacin Tabs
Nurodot Tabs
Nurofen Tabs 200mg
Nurse Sykes Powders
Nurse Sykes Bronchial Balsam
Nux Vomica Elix BPC
Nylax Tabs

Olbas Oil
Omeiri Iron Tonic Tabs
Omicat Susp
Onadox 118 Tabs
One Gram C Caps
Opas Powder
Opas Tabs
Opobyl Baily Pills
Orange & Halibut Vits (Kirby-
 Warwick Pharm)
Organidin Elix
Organidin Sol
Organidin Tabs
Original Indigestion Tabs (Boots)
Orovite Elix
Orovite Tabs
Orovite 7
Orthoxicol Syr
Otrivine Drops 0.05%
Otrivine Drops 0.1%
Otrivine Spray 0.1%
Otrivine-Antistin Drops
Otrivine-Antistin Spray
Overnight Bedtime Cold Medicine
Owbridge's Cough Mist
Oxanid Tabs 10mg
Oxanid Tabs 15mg
Oxanid Tabs 30mg
Oxazepam Caps 30mg

P

Pacidal tabs
Paedosed Syr
Pain Relief Tabs (A H Cox)
Pain Relief Tabs (F C Davidson)
Panacron tabs
Panadeine Forte Tabs
Panadeine Sol Ellevr Tabs
Panadeine Tabs
Panadol Sol Tabs
Panadol Tabs
Panasorb Tabs
Panets Tabs
Pango Pain Paracetamol Codeine
 Tabs Cupal
Papain Co Tabs
Paprika Tabs (Kerbina)
Para-Seltzer Efferv Tabs
Paracetamol & Caffeine Caps
Paracetamol DC Tabs
Paracetamol Tabs Sol (Boots)
Paracetamol 500mg
Paracetol Tabs
Paradeine R Tabs
Paragesic Efferv Tabs
Parahypon Tabs
Parake Tabs
Paralgin Tabs
Paramol tabs
Paranorn Cough Syr
Pardale Tabs
Pareanamps IM Inj
Pastilads Pastilles
Pavacol Cough Syr
Paxadon Tabs
Paynol Tabs
PEM Linct
Penetrol Inhal
Pentazocine Aspirin Co Tabs
Peplax Peppermint Flav Laxative
 Tabs
Peppermint Indigestion Tabs (Boots)
Pepio-Bismol Susp
Pernivit Tabs
Persomnia Tabs
Petrolagar Emuls Plain
Petrolagar Emuls with
 Phenolphthalein
PF Plus Tabs
Pharmacin Caps
Pharmacin Elterv Plus C Tabs
Pharmacin Efferv tabs 325mg
Pharmaton Caps
Pharmidone Tabs
Phenergan Co Expect Linct
Phenolphthalein tabs BP
Phensedyl Linct
Phensic Tabs
Phensic 2 Tabs
Phillips Iron Tonic Tab
Phillips Tonic Yeast Tabs
Pholcolix Syr
Pholcomed Diabetic Forte Linct
Pholcomed Expect
Pholcomed Forte Linct
Pholcomed Linct
Pholtex Syr
Pholtussa Mist

Q R

Q-Panol Tabs
Quick Action Cough Cure (Brian C
 Spencer)
Quiet Lite Tabs
Raspberry Tabs No 8039
Raygle Chest Rub Oint
Reactavan Tabs
Red Catarrh Pastilles (Baldwin)
Redelan Ellevr Tabs
Redoxon Adult Multivit Tabs
Redoxon C Efferv Tabs 1g
Redoxon C Tabs 200mg
Redoxon C Tabs 25mg
Redoxon C Tabs 250mg
Redoxon C Tabs 50mg
Redoxon C Tabs 500mg
Redoxon Childrens Multivit Tabs
Redoxon Efferv Tabs 1g
Reg-u-lert Tabs
Regular Wate-On Tabs
Relanium Tabs 10mg
Relanium Tabs 2mg
Relanium Tabs 5mg
Relcol Tabs
Remnos Tabs 10mg
Remnos Tabs 5mg
Rennie Tabs
Respaton
Rheumavit Tabs
Rhuaka Herbal Syr
Rhuaka Tabs
Rhubard & Soda Mist BP
Rhubard Co Mist BPC
Riddowdins Liquid
Rinurel Linct
Rinurel Tabs
Rite-Diet Gluten-Free Biscuits
Rite-Diet Gluten-Free Canned Rich
 Fruit Cake
Robaxidal Forte Tabs
Roberts Aspirin & Caffeine Tabs
Robitussin AC Liquid
Robitussin Liquid
Robitussin Syr
ROC Total Sunblock Creams (light &
 deep tan)
Rock Salmon Cough Mist
Rohypnol Tabs 1mg

Isoscorbic Ellerv tabs	Squill Linct Opiate, Paed, BP	Tabs to Formula A276	Tabs to Formula B91	Vicks Cremacoat Syr with Doxylamine Succinate
Isoscorbic Tabs 200mg	Squire's Soonax Tabs	Tabs to Formula A277	Tabs to Formula B93	Vicks Cremacoat Syr with Guaphenesin
Isoscorbic Tabs 25mg	SR2310 Expect	Tabs to Formula A298	Tabs to Formula B94	Vicks Cremacoat Syr with Paracetamol & Dextromethorphan
Isoscorbic Tabs 50mg	Stallords Mild Aperient Tabs	Tabs to Formula A301	Tabs to Formula B96	Vicks Daymed
Rose Hip C-100 Caps	Stallords Strong Aperient Tabs	Tabs to Formula A31	Tabs to Formula B98	Vicks Formula 44 Cough Mist
Rose Hip C-200 Caps	Sterling Health Salts Ellerv	Tabs to Formula A316	Tabs to Formula B100	Vicks Inhaler
Rose Hip Tabs (English Grains)	Sterling Indigestion Tabs	Tabs to Formula A32	Tancoln Childrens Cough Linc	Vicks Medinite
Rose Hip Tabs (Potters)	Sterling Paracetamol Tabs	Tabs to Formula A33	Tedral Expect	Vicks Pectorex
Rose Hip Tabs (Roberts)	Sterogyl Alcoholic Sol	Tabs to Formula A45	Tensum Tabs 10mg	Vicks Sinex Nasal Spray
Rosmax Syr	Stomach Aids Tabs	Tabs to Formula A51	Tensum Tabs 2mg	Vicks Vapo-Lem Powder Sachets
Roter Tabs	Stomach Mist (Herbal Laboratories)	Tabs to Formula A63	Tensum Tabs 5mg	Vicks Vapour Rub
Rovigon	Stomach Mist H138 (Southon Laboratories)	Tabs to Formula A67	Tercoda Elix	Videnal Tabs
Rubelix Syr	Stomach Powder (Diopharm)	Tabs to Formula A68	Tercolix Elix	Vigour Aids Tabs
Rubraton B Elix	Stomach Tabs (Ulter)	Tabs to Formula A69	Terpalin Elix	Vigranon B Complex Tabs
Ruby Tonic Tabs (Jacksons)	Street's Cough Mist	Tabs to Formula A70	Terperon Antituss	Vigranon B Syr
Rum Cough Elix	Strengthening Mist (Hall's)	Tabs to Formula A71	Terrabron	Vikelp Coated Tabs
Rutin Plus Tabs (Gerard)	Stress B Supplement Tabs	Tabs to Formula BA6	Terramycin S F Caps	Vikonon Tabs
S	Strychnine & Iron Mist BPC 1963	Tabs to Formula B10	Tetracyclin S F Caps	Visclar Tabs
Safapryn Tabs	Strychnine Mist BPC 1963	Tabs to Formula B102	Three Noughts Cough Syr	Vita Diem Multi Vit Drops
Safapryn Co Tabs	Sudated Co Tabs	Tabs to Formula B104	Throat Chest & Lung Drops Loz (Simpkin)	Vita Six Caps
Safflower Seed Oil	Sudated Expect	Tabs to Formula B118	Titralac tabs	Vitalin Tabs
Sainsbury's Cold Powders with Blackcurrant	Sudated SA Caps	Tabs to Formula B20	Tixylix Cough Linct	Vit & Iron Tonic (Epitone) Soln
Sainsbury's Hot Lemon Powders	Sunerven Tabs	Tabs to Formula B22	Tonataxa Mist	Vit A & D Caps BPC 1968 (Regent Labs)
Sainsbury's Indigestion Tabs	Super Plenamins Tabs	Tabs to Formula B24	Tonic Tabs (Thomas Guest)	Vit Mineral Caps (Regent Labs)
Sainsbury's Junior Sol Aspirin Tabs	Super Wate-on Emuls	Tabs to Formula B28	Tonic Wines	Vit A Ester & Vit D2 Caps (Regent Labs)
Sainsbury's Paracetamol Tabs 500mg	Super Yeast + CTabs	Tabs to Formula B45	Tonivitan A & D Syr	Vit A Ester Conc, Alpha Tocopherol Acetate Nat Caps (Regent Labs)
Sainsbury's Sol Aspirin Tabs	Superdrug Health Salts	Tabs to Formula B5	Tonivitan B Syr	Vit A 4500u & Vit D2 Caps (Regent Labs)
Sainsbury's Aspirin Tabs 300mg	Surbex T Tabs	Tabs to Formula B18	Tonivitan Caps	Vit A 6000u & Vit D2 Caps (Regent Labs)
Salzome Tabs 500mg	Surem Caps 10mg	Tabs to Formula A183	Top C Tabs	Vit A, C & D Tabs (Approved Prescription Services)
Sanatogen Junior Vits Tabs	Surem Caps 5mg	Tabs to Formula A184	Topum Tabs 25mg	Vit A, D & C Tabs (Regent Labs)
Sanatogen Multivit Plus Iron (Formula One) Tabs	Surlax Laxative Tabs	Tabs to Formula B19	Toptabs	Vitamin B Complex Tabs (English Grains)
Sanatogen Multivit Tabs	Sweetex	Tabs to Formula A190	Totavit D R Caps	Vit B Complex with Brewer's Yeast Tabs (English Grains)
Sanatogen Nerve Tonic Powder	Sylopus Susp	Tabs to Formula A195	Totolin Paed Cough Syr	Vit B1 Dried Yeast Powder (Distillers)
Sanatogen Selected Multivit Plus Iron (Formula Two) Tabs	Sylyphen Tabs	Tabs to Formula B20	Tramal Caps	Vit B1 Yeast Tabs (Distillers)
Sanatogen Tonic	Syn-Ergel	Tabs to Formula B207	Trancoprin Tabs	Vit B12 Tabs 0.01mg
Sancos Co Linct	Syndol Tabs	Tabs to Formula B209	Tranxene Caps 15mg	Vit B12 Tabs 0.025mg
Sancos Syr	Syrtussar Cough Syr	Tabs to Formula B21	Tranxene Caps 7.5mg	Vit B12 Tabs 0.05mg
Savant Tabs		Tabs to Formula B210	Tranxene Tabs 15mg	Vit B12 Tabs 0.10mg
Saxin		Tabs to Formula B211	Trimtamyl Gluten-Free Bread Mix	Vit B12 Tabs 0.25mg
SBL Junior Cough Linct		Tabs to Formula B212	Trioclos Linct	Vit C Tabs Ellerv 1g (Boots)
SBL Soothing Bronchial Linct		Tabs to Formula B213	Triogenesis Elix	Vit Caps (Regent Labs)
Scott's Cod Liver Oil Caps		Tabs to Formula B214	Triomimic Tabs	Vit Malt Extract with Orange Juice (Distillers)
Scott's Emuls		Tabs to Formula B215	Triomimic Syr	Vit Tab No NB077
Scotts Husky Biscuits		Tabs to Formula B216	Triomimic Tabs	Vit Tabs No B081
Seaweed Vit A Ester BP & Vit D BP Caps (Regent Laboratories)		Tabs to Formula B217	Triopaed Linct	Vit Tabs No B084
Sedazin Tabs 1mg	Tabs No B006	Tabs to Formula B38	Triotussic Susp	Vitaminised Iron & Yeast Tabs (Kirby Warrick Pharm)
Sedazin Tabs 2.5mg	Tabs No B011	Tabs to Formula B40	Triovit Tabs	Vitanorm Malt Extract
Senna Laxative Tabs (Boots)	Tabs No B015	Tabs to Formula B41	Triple Action Cold Relieb Tabs	Vitanorm Malt Extract Syr
Senna Tabs (Potters)	Tabs No B024	Tabs to Formula B45	Tropium Caps 10mg	Vitanorm Analgesic Caps
Senokot Tabs	Tabs No B025	Tabs to Formula B22	Tropium Caps 5mg	Vitanasafe's CF Kaps Tabs
Senotabs Tabs	Tabs No B029	Tabs to Formula B222	Tropium Tabs 10mg	Vitanasafe's WCF Kaps Tabs
Serenid D Tabs 10mg	Tabs No B034	Tabs to Formula B223	Tropium Tabs 5mg	Vitathone Chilblain Tabs
Serenid D Tabs 15mg	Tabs No B035	Tabs to Formula B224	Trifree Bread Mix	Titatrop Tabs
Serenid Forte Caps 30mg	Tabs No B070	Tabs to Formula B225	Trifree Pasta Mix	Titavel Powder Ior Syr
Sertun tabs		Tabs to Formula A10	Trifree Plain Flour	Titavel Soln
Setcitol Sol Tabs		Tabs to Formula A105	Trifree Sweet Biscuit Mix	Titoperon Tabs
Settlers Tabs		Tabs to Formula A11	Tums Tabs	Vitorange Tabs
Seven Seas Cod Liver Oil		Tabs to Formula A111	Tusana Linct	Vitrite Multi-Vit Syr
Seven Seas Formula 70 Multivit		Tabs to Formula A114	Tussilans Syr	Vykmix Fort Caps
Mulhumeral Caps		Tabs to Formula A117	Tussimed Liquid	
Seven Seas Orange Syr & Cod Liver Oil		Tabs to Formula A120	Two-a-Day Iron Jellids Tabs	
Seven Seas Pure Cod Liver Oil Caps		Tabs to Formula A141	Tysons Catarrh Syr	
Seven Seas Start Right Cod Liver Oil for Babies		Tabs to Formula A143	Udenum Gastric Vit Powder	
Sidros tabs		Tabs to Formula A147	Ultracach Analgesic Caps	
Silk-Lax Tabs		Tabs to Formula B148	Ultradal Antacid Stomach Tabs	
Siloxyl Susp		Tabs to Formula B156	Ultrarelief Tabs	
Siloxyl Tabs		Tabs to Formula B157	Uncoated Tabs to Formula A323	
Simple Soap		Tabs to Formula A157	Uncoated Tabs to Formula A325	
Sine-Off Tabs		Tabs to Formula B158	Uniflu Tabs	
Sinutab Tabs		Tabs to Formula A158	Unigesic Caps	
Skin Glow Caps		Tabs to Formula B160	Unigest Tabs	
SMA Gold Cap Powder and Ready-to-Feed		Tabs to Formula A161	Unisomnia Tabs 5mg	
SMA Powder and conc Liquid		Tabs to Formula A162	United Skin Care Programme (Uni-Derm, Uni-Salve, Uni-Wash)	
Smullebabe Vapour Rub		Tabs to Formula B163		
Solis Caps 10mg		Tabs to Formula A164		
Solis Caps 2mg		Tabs to Formula A165		
Solis Caps 5mg		Tabs to Formula A166		
Solmin Tabs		Tabs to Formula A167		
Solpadeine Forte Tabs		Tabs to Formula B169		
Solpadeine Tabs Ellerv		Tabs to Formula A169		
Soprin Tabs		Tabs to Formula A175		
Sol Aspirin Tabs for Children (Boots)		Tabs to Formula B178		
Sol Phensic Tabs		Tabs to Formula A18		
Somnite Susp 2.5mg/5ml		Tabs to Formula B180		
Somnite Tabs 5mg		Tabs to Formula B181		
Sovol Liquid		Tabs to Formula B182		
Sovol Tabs		Tabs to Formula A19		
Soya Powder & Nicotinamide Tabs		Tabs to Formula B190		
Special Stomach Power (Halls)		Tabs to Formula B193		
SPHP Tabs		Tabs to Formula A20		
Squill Linct Opiate BPC (Gees Linctus)		Tabs to Formula A202		
		Tabs to Formula A203		
		Tabs to Formula A213		
		Tabs to Formula B77		
		Tabs to Formula B78		
		Tabs to Formula B79		
		Tabs to Formula B80		
		Tabs to Formula B81		
		Tabs to Formula B82		
		Tabs to Formula B83		
		Tabs to Formula B85		
		Tabs to Formula B86		
		Tabs to Formula B87		
		Tabs to Formula B90		



Silkience gets a new look

Gillette have introduced a new "look" and sizes for the Silkience range of hair products, to be supported by a television campaign on TV-am from April to June.

The new packaging maintains the brands "scientific" heritage by retaining the white bottle, but with the addition of a colourful flash graphic, say Gillette. The design features a vertical logo allied to a

flash of colour to identify each product.

The re-design will be introduced in a new range of sizes, in response, says the company, to an increase in frequency of use of shampoo and conditioner products.

The shampoo range now comprises: regular, extra-body and frequent-use (125ml, £0.55; 200ml, £0.79; 300ml £0.99) and anti-dandruff (125ml £0.69; 200ml £0.89).

The conditioner range can be identified by a colour-coded cap ring and an outline symbol as opposed to the solid symbol used on shampoos and consists of:

regular, extra-body, and light conditioning rinse for greasy hair (125ml £0.79; 200ml £0.99; 300ml £1.15).

Silkience hairspray with conditioned hold, launched in 1983 in a 180ml can (£0.89), is being supplemented by a 80ml handbag size (£0.69). *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

Maybelline's X-pert vision

Maybelline are introducing expert eyes powder pencil (£2.75).

The iridescent powder eye shadow comes in six shades: beige, pink, blue, violet, aqua and brown. The process of manufacture ensures that the iridescent pearls are not broken down to the same extent as regular pressed shadows and therefore reflect the light more dramatically, says the company.

A Maybelline powder pencil sharpener (£0.75) is also available. *Rimmel International, Cavendish Square, London.*

OPEN	
SUNDAY	10-12
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TUESDAY	9-5
WEDNESDAY	9-8
THURSDAY	9-8
FRIDAY	9-8
SATURDAY	10-12

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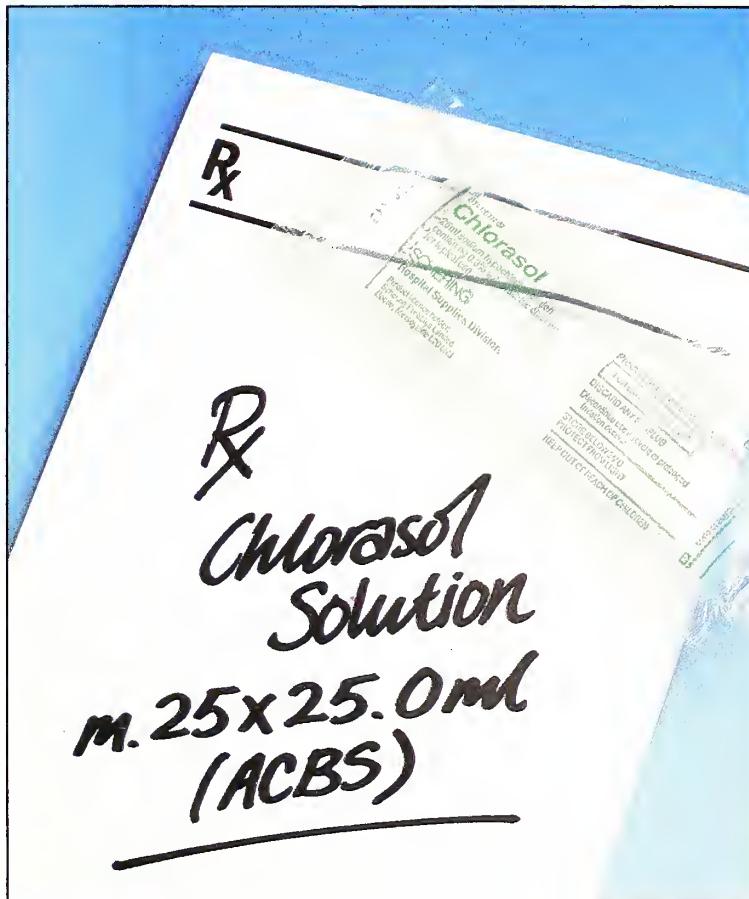


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Chlorasol

the obvious alternative to Eusol

Chlorasol is the only ready-mixed
hypochlorite solution,
conveniently packed for a
long shelf-life.



For further information please write to:

Schering Chemicals Ltd., Hospital Supplies Division, FREEPOST, Burgess Hill, West Sussex RH15 9BR. Tel: 044 46 601

COUNTERPOINTS

Dual action hairstyler

Supersoft Set Two is a spray hairstyler that can be used first to create a style from wet hair, then when the hair is dry, to hold the style in place.

The mousse sector has been the main source of expansion in the rapidly growing hairstyling agents market which was estimated to be worth £42m in 1984. While Reckitt and Colman recognise the importance of this market, they believe the last thing retailers wanted was another mousse launch.

The hairspray market also grew by 15 per cent in 1984 so the company decided to streamline the two-stage styling process with a product that both styles wet hair and holds dry hair.



Being alcohol rather than water based like the mousse, Supersoft Set Two dries more quickly. It is sprayed directly on to the hair and so is less messy. The product contains a conditioner and there is one variant for all hair types (150ml £1.25).

A television campaign starts in the Granada, Thames and Central areas in April and there will be a campaign using 700 cinema screens nationwide between April and July. The total advertising spend is £1m. *Reckitt and Colman Products Ltd, Dansom Lane, Hull HU8 7DS.*

Top 40 sounds with Lil-lets

Lilia-White are promoting Lil-lets mini tampons with an on-pack free pop single offer, starting at the end of February.

The offer, available only on mini 20s packs, is backed by a £250,000 advertising campaign in young teenage magazines, plus "a heavy-weight sampling effort". Purchasers get the record of their choice from the current Top 40 in return for two special-offer pack fronts.

"Lil-lets mini digital tampons are designed specifically with the needs of younger girls in mind and it is in this sector that we plan to increase trial and usage in 1985," says Andrew Frost, Lil-lets product group manager. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

Holiday with Hermesetas

Hermes are backing Hermesetas gold with a national "golden holiday" competition starting this month.

First prize is a luxury holiday for two in Califarmia, with £2,000 spending money and visits to Las Vegas, Hollywood and Disneyland. Fifty runners-up will receive a miniature gold bar worth about £50. Competitors are asked to identify gold-related words hidden on the back of

promotional packs and to complete a slogan about Hermesetas gold.

"We have a proven record of success with our on-pack promotions," says Hermes marketing director Walter Stutz. "A previous Brazilian holiday competition attracted over 20,000 entries in the UK alone."

Further information is available from *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

Bisodol goes for youth

Bisodol is being given a new image in a bid to make it more appealing to the young and give it a more ethical image.

The brand has been repackaged and is to be supported by a £1m television campaign which starts this month, running in TVS, Central and Grampian regions.

Bisodol is also to be supported in the national Press and Women's magazines.

Makers, International Chemical Company, say the brand has been used mainly by the over 50s age group. But with the new look, the company hopes to attract younger users. The range has a new-style packaging, but prices are unchanged. Securitainers replace tins of powder.

The brand is number one in the £8.9m chemists indigestion remedies sector, say ICC. It has almost 16 per cent of sales by value, claims the company. *International Chemicals Co Ltd, Chenies Street, London WC1E 7ET.*

Lady Jayne in the spotlight

Hair-fashions constantly change...Lady Jayne keeps you permanently in touch with the "twists and turns" of to-day's hair fashions.



Lady Jayne

Laughton & Sons Ltd.,
Warstock Road, Birmingham.

Kodak's £5m for independents

Kodak's £5m push for Spring and Summer concentrates on helping independent photo-dealers give their film and camera promotions a professional sheen.

Retailers will be able to choose free gifts to offer their customers from a collection of Kodak beach goods. These range from frisbees and sun visors (which would be offered with two Kodak films), through baseball caps and cooler bags, right up to holdalls and windbreaks offered with cameras.

Kodak can supply POS material for all the above offers. They can also help the retailer organise his own consumer competitions, offering either a Sinclair QL home computer or 100 rolls of Kodak film.

Kodak dealers will be given a promotional allowance from the company, based on the size of their orders. They then decide how to "spend" that allowance.



Mini-lab users have their own promotions. Window material will offer D&P customers bargain paddling pools, sunglasses or digital watches.

A lens brush replaces last year's film pod as an added-value offer on twin packs of 35mm film. The brushes appear on blister-carded Kodacolour 100, 200 and 400, Ektachrome 100 and Kodachrome 64.

Consumer advertising centres around a new 60-second television commercial showing in the Summer. The Kodak Monitoring service will also receive television support, carrying the message "For pictures that match the memories".

Market research has shown that Disc users still feel D&P to be expensive. So Kodak are offering Disc 4000 buyers a free processing voucher worth £5. The offer will be publicised in the five national tabloids. Disc POS is also available. *Kodak Ltd, Station Road, Hemel Hempstead, Herts.*

Vale clean up

Vale of Health are launching a range of moisturisers and cleansers in tubes. A skin care cream comes in four variants; aloe vera, jojoba, vitamin E (125g, all £3.99) and cocoa butter (125g, £3.75). There is also a honey, almond and lemon facial scrub (150g, £4.30). The range is to be promoted in women's Press through to December. A £172,000 advertising spend for 1985 includes radio. *Vale of Health Organic Products Co, Trafalgar House, Glenville Place, Mill Hill, London.*

Intensive!

The Vaseline Intensive Care range is being supported by a £1.8m women's Press and national television campaign.

Spots on TV-am will continue throughout March and April. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks.*

DIARRHOEA REMEDIES HAVE NEVER MOVED SO FAST

Enterosan in tablet form is the ideal choice for travellers. And as the basic P.O.R. has been increased by over 30% and generous bonus terms have been introduced for 1985, it's also the ideal choice for you. Windsor Pharmaceuticals are giving Enterosan its biggest ever advertising push, reaching 90% of all holiday makers throughout the summer sales peak.

So get set for the 'holiday tummy' season; stock up with Enterosan and be prepared for the inevitable rush.

See your Windsor Pharmaceuticals representative or contact:-
Windsor Pharmaceuticals Limited, Ellesfield Avenue, Bracknell, Berks. RG12 4YS. Telephone: 0344 50222. A Boehringer Ingelheim Company.

Numark promote mother & baby

The next Numark promotion runs in store March 11-23 on the theme mother & baby.

There is to be a competition worth £5,000 in which consumers have to match nursery rhymes with Nusoft products and complete a tie breaker. First prize is £2,000, with 300 runner up prizes of £10 vouchers which can be redeemed in Numark chemists.

Cow & Gate are offering Numark chemists a Marks & Spencer £5 voucher for orders of 50 cases or more of their products and Johnson & Johnson are offering a Francis Frith Victorian print with every eight packs of their baby products and/or Empathy shampoo. Participating Numark chemists will be entered in a prize draw for a reproduction clock. And with 10 cases of Beecham medicine there is an offer of an initialed goblet.

Superbuys include Cow & Gate baby

meals, Johnsons baby powder, Milupa drinks, Nice'n Easy, Nusoft baby shampoo, Nusoft baby wipes, Pennywise, Snugglers, Soft & Pure cotton wool, Babyfresh baby wipes with lanolin, Milton 2 sterilising tablets, Nusoft baby bath, Nusoft baby cream, Pampers, baby Ribena, and Wella hair streaking kit. All will be advertised in *News of the World*, *Sunday Post*, *TV Times*, *Woman's Own*, and on Ulster

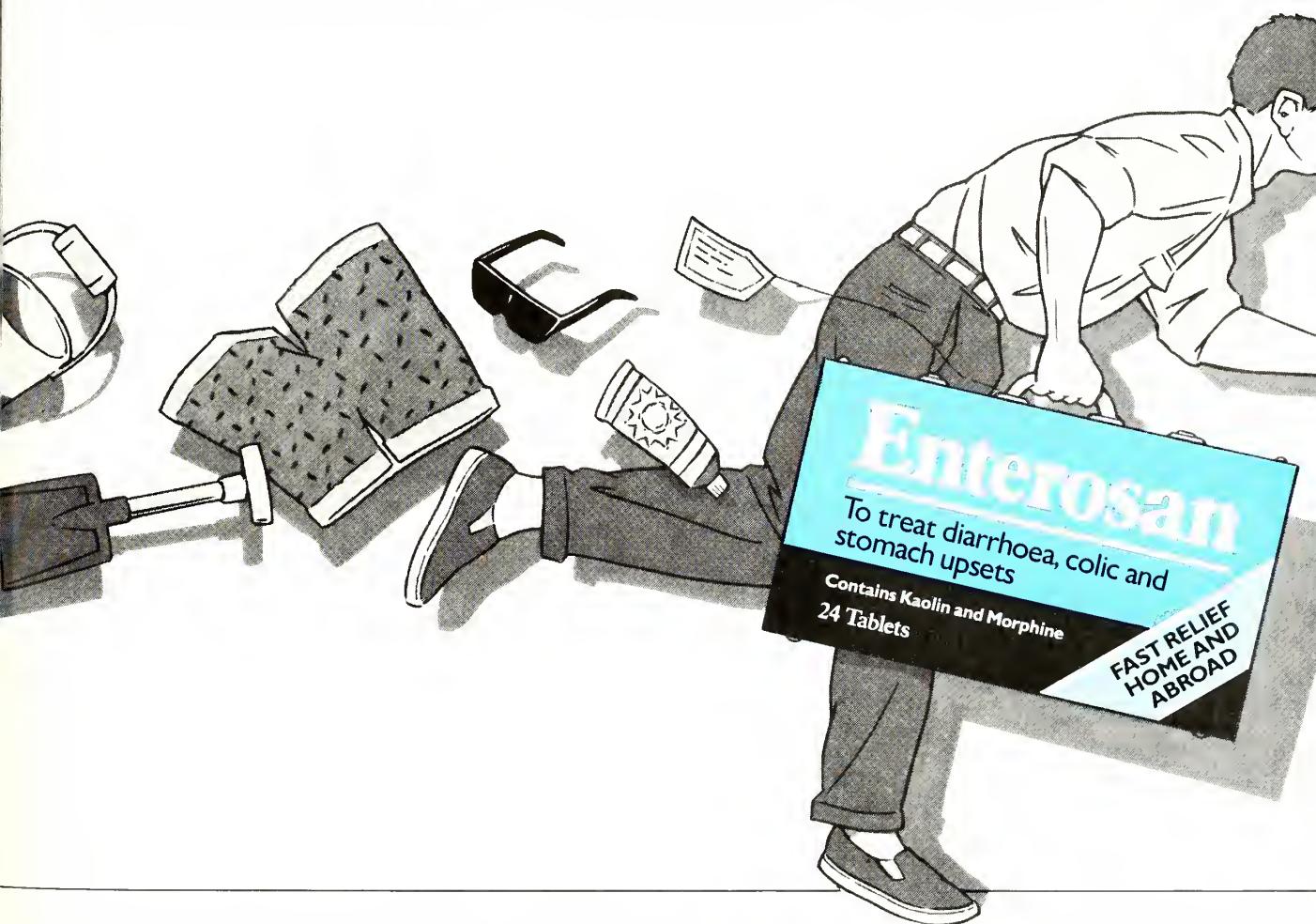
Television. Window bills, stack cards and shelf cards will be available.

RPM Specials, each of which are supported by a shelf card, include Anadin, Aspro Clear, Cymalon, Dentinox, Eno, Feminax, Germolene, Phensic, Setlers, Sominex and Woodwards Gripe Water. *Independent Chemists Marketing Ltd*, 51 Boreham Road, Warminster, Wilts.

ON TV NEXT WEEK

G Grampian	U Ulster	STV Scotland (Central)
B Border	G Granada	YYorkshire
C Central	A Anglia	HTWales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	Bt TV - am	

Dentu-Hold:	All except STV
Jaap's health salts:	STV
Johnson & Johnson baby shampoo:	All areas
Kodak films:	All areas
Lady Grecian:	G,Y,C,TT
Mucron:	Y,STV,TVS,LWT,TTV
Odor Eaters:	A
Ox kettle descaler & bath cleaner:	TTV
Pond's Gentle Touch:	All areas
Sensodyne toothpaste:	All areas
Scholl Lite Legs support tights:	STV,Y,TT
Simple:	C4
Sinutab:	All areas
Super Poligrip:	STV
Super Tuff Odor Eaters:	A
Vaseline petroleum jelly:	Bt
Vita-Fiber:	All areas
Wella Colour Confidence:	All areas



Introducing tubes to the whole family

The family of Vale of Health products now has a range of moisturisers and cleansers in tubes.

The easy to carry tubes contain the fine ingredients for skin care that your customers demand such as Aloe Vera, Jojoba and natural Vitamin E.

During the coming months we will be advertising the new range of tubes in five women's and domestic magazines.

So get ready for a rush on the tubes.



Vale of Health
Naturally

No animal experiments have been carried out in the manufacture of our natural products.

COUNTERPOINTS



Radox into moisturisers

A range of Radox moisturising products has been launched by Nicholas Laboratories, to be supported in the Autumn with a £1/2m national television campaign.

The range comprises: foam bath (300ml, £1.09), shower creme (175ml, £1.09) and pure liquid soap (300ml, £1.25) — all containing almond oil.

Each product comes in three variants: rose blossom, peach blossom and meadow blossom. The shower creme has anti-static and conditioning properties which means, says the company, that it may be used for shampooing hair as well.

The liquid soap comes with a pump dispenser. Refill packs without the pump will also be available and can be used with any existing pump.

The range is aimed at women, say Nicholas Laboratories. "In each variant the silky-looking pearlised liquid is pastel-coloured to match its name and fragrance". The rounded bottles are made of pearlised polythene and the labels show a country scene.

"With Radox brand leader in each of its sectors, we are confident that this new range will do well," says John Cannon, senior product manager.

A counter display unit, containing three bottles of each product will be available, as will shelf reservers and window showcards. A series of competitions and promotions will be launched in April when the range is due to go on shelf.

The annual Miss Radox Banquet Competition will be spearheading events with regional Press coverage and the final in June. Sampling in the women's Press is also scheduled.

In April, Radox are adding a new fjord variant to the Shower Fresh range. The bath salts have increased herbal extracts and are in new "easier-to-use" packaging with "eye-catching" graphics. And finally, packaging for Radox herbal bath has been modified to bring it in line with the bath salts. It will also contain extra herbs.

To support these changes, a £750,000 national television campaign breaks in April and will last for two months. A second burst is promised for later in the year. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.*

Louis Marcel's £1/2m push

Nicholas are backing the Louis Marcel range of hair removers with a £500,000 advertising campaign which runs from mid-April to September.

The campaign, with a theme of "Louis Marcel — for smooth operators", will involve a 20-second commercial in selected television areas, and colour spreads and pages in: *Blue Jeans, Mizz, Company, Cosmopolitan, Just 17, Vogue, Look Now and 19*. There will also be merchandising units and fact leaflets available say *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks*.



Anusol is a trade mark

anusol

Recommend an ideal range for your customers

- * Cream with a vanishing base, rapidly absorbed
- * Ointment for dry irritated conditions
- * Suppositories for a measured dose of internal medication

Piles and associated anal irritation are very common ailments, as every retail pharmacist knows. With Anusol, you can recommend the most suitable presentation from a medically-prescribed range of treatments — all of them

soothing and effective, and a thoroughly professional recommendation.

To help your shyer customers, there's a compact display unit for Anusol — please let us know if you would like one.

need to apply a gauze dressing. For internal conditions use rectal nozzle provided, and clean it after each use. Not to be taken orally. *Elderly (over 65 years)* As for adults. *Children* No dose recommended. *Anusol Suppositories Adults* Remove wrapper and insert one suppository into the anus at night, in the morning and after each evacuation. Not to be taken orally. *Elderly (over 65 years)* As for adults. *Children* Not recommended.

Contra-indications, warnings, etc: *Anusol Cream, Ointment and Suppositories* History of sensitivity to any of the constituents. Rarely sensitivity reactions. Patients may occasionally experience transient burning on application, especially if the ointment is not intact.

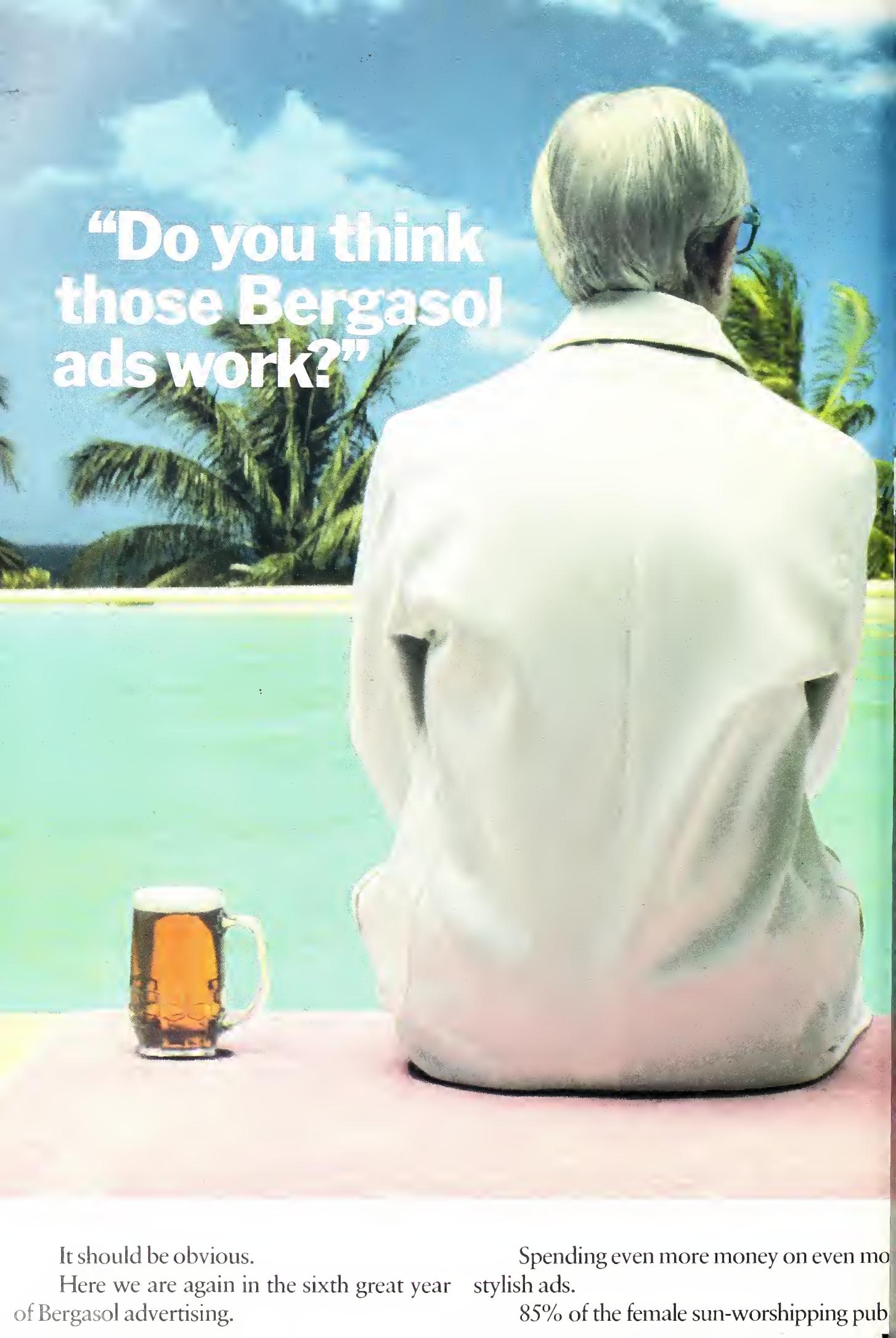
Product licence No's: *Anusol Cream* 0019/0040, *Anusol Ointment* 0019/5002, *Anusol Suppositories* 0019/5001.

Cost: *Anusol Cream* x 12 List Price ex VAT £9.67, *Anusol Ointment* x 12 List Price ex VAT £9.14, *Anusol Suppositories* 12s x 12 List price ex VAT £9.85, 24s x 6 List Price ex VAT £8.68

Data sheet available on request R84440

**WARNER
LAMBERT
HEALTH CARE**
the name people feel better with

Mitchell House, Southampton Road, Eastleigh,

A photograph of a man from behind, sitting on a beach. He is wearing a light-colored, long-sleeved button-down shirt. In front of him is a wooden table with a single glass mug filled with beer. The background features a bright blue sky with white clouds and several palm trees.

**"Do you think
those Bergasol
ads work?"**

It should be obvious.

Here we are again in the sixth great year
of Bergasol advertising.

Spending even more money on even more
stylish ads.

85% of the female sun-worshipping pub-



"Don't you?"

ill get our message and they'll be coming to you
get their Bergasol. You really can't lose.

Unless you don't like Champagne, that is.

bergasol

It makes you get rich quick.



INCREASED EXPOSURE THROUGHOUT THE SUMMER



UVISTAT®

More advertising in more magazines with more insertions can only mean one thing; more sales. What's more you'll get striking point of sale material and the offer of free bonus stock. What more could you ask.

See your Windsor Pharmaceuticals representative or contact Windsor Pharmaceuticals Limited, Ellesfield Avenue, Bracknell, Berks. RG12 4YS.
Telephone: 0344 50222. A Boehringer Ingelheim Company.

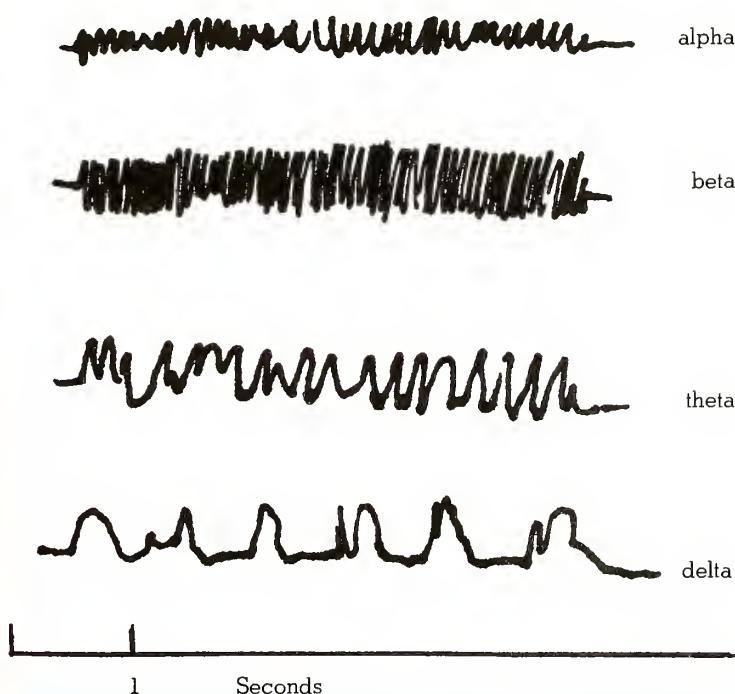


Something for us to sleep on

Pharmacists have recently been given the opportunity to counterprescribe promethazine hydrochloride to help patients with temporary sleep problems. Here we look at some of the basic facts known about sleep as well as considering promethazine itself.

Promethazine hydrochloride has a long history of use as a non-prescription compound in the UK. Its main use is as an antihistamine for symptomatic relief of hay fever. Promethazine is also used as the theoclinate (8 chlorotheophyllinate) to prevent travel sickness and vomiting although the active entity is still the free base. Its use as a sedative in paediatrics is also well known. The recent introduction of Sominex (promethazine hydrochloride 20mg) tablets specifically as a night-time sleep aid makes a review of the compound worthwhile.

Fig 1
Types of electroencephalographic traces



Physiology of sleep

The states of wakefulness and sleep are controlled by the reticular-activating system of the central nervous system. Anatomically the system begins in the lower brain stem, progressing through the mesencephalon and thalamus and terminating in the cerebral cortex. Impulses are transmitted to and from the reticular-activating system. Sensory impulses and the cerebral cortex can both activate it to elicit a state of wakefulness. Overall alertness is determined primarily by changes in activity of the mesencephalic portion while the thalamic portion probably enables selected areas of the cerebral cortex to be stimulated for specific mental activities.

Brain waves

In promotional literature brain waves are often depicted to illustrate the activity of specific drugs and to support claims that certain drugs induce more natural sleep than others. It is therefore important for the pharmacist to have some understanding of electroencephalograms (EEG) particularly as they relate to sleep patterns.

The electroencephalogram is a record of the electrical activity of the brain. The nature of the tracings is highly dependent on the activity of the cerebral cortex which in turn mirrors the functions of the reticular-activating system.

The electrical voltage recorded on the surface of the scalp can be up to about 300 microvolts and show a frequency of up to 50 per second. In normal individuals four types of waves can be discerned (fig 1):

Alpha waves are normally observed on the EEG's recorded in adults in the mentally resting but awake state. Alpha waves disappear during sleep and during periods of concentration on a specific mental activity.

Beta waves, at frequencies exceeding 15 cycles per second, have over twice the frequency of alpha waves. Beta wave frequency can increase to about 50 cycles per second during periods of mental stress and mental activity. Based on frequency, beta waves can be subdivided into beta I and beta II: the high frequency waves are referred to as beta II waves. At the height of mental activity only beta II waves are seen.

Theta waves have a relatively low frequency of between 4 to 7 cycles per second and tend to be seen in adults during periods of emotional distress induced by disappointment and frustration. In children theta waves are commonly observed but their significance is less clear.

Delta waves are of the lowest frequency sometimes reaching down to one cycle every few seconds. These waves are seen in deep sleep and in infancy.

Synchronised and REM sleep

Based on the wave pattern, specialists in the field can often accurately diagnose brain pathology and in the current context the EEG's can often give insight into the effect of drugs on sleep patterns.

Two types of sleep can be identified: the first results from a decrease in activity of the reticular-activating system and leads to synchronised or slow wave sleep. The terms "normal sleep", "deep sleep", "delta wave sleep" and "dreamless sleep" are also used to describe this type of sleep. The second type of sleep is characterised by a high level of brain activity thereby suggesting that the signals must somehow be re-routed away from the normal centres involved with maintenance of wakefulness. This type of sleep is described as paradoxical, desynchronised or REM sleep because of the rapid eye movements which are usually associated with it. Desynchronisation is seen on the EEG in the form of low voltage beta waves.

Synchronised sleep is often arbitrarily subdivided into four stages with stage 1 being the lightest stage of sleep. In stage 2, the low voltage, regular 4 to 6 cycles per second pattern of stage 1 EEG, is replaced by waves of about 15 cycles per second and high voltage spikes (K complexes). In stage 3, delta waves appear and in stage 4 form the major part of the tracing. That both synchronised sleep and REM sleep are natural is generally accepted. During normal sleep four or five cycles of stages of synchronised sleep are separated by REM sleep during which dreams usually occur. Overall, REM sleep accounts for about a quarter of the time spent sleeping and a complete synchronised to REM cycle usually lasts from one and a half to two hours. Both types of sleep are important in the restoration of normal function of the central nervous system and in the coordination of the interaction between mind and the peripheral body.

Given the complexity of sleep, how should a hypnotic drug work for the insomniac? Besides induction of sleep, a desirable feature is maintenance of the ratios between the various stages and types of sleep.

Chemistry

Promethazine hydrochloride is chemically classified as a phenothiazine (fig 2) but unlike most of the other pharmacologically active compounds of the same class, it is much less active as a psychotropic agent probably as a result of the shorter cyclic nitrogen to side-chain nitrogen chain length and the resulting differences in drug receptor interactions.

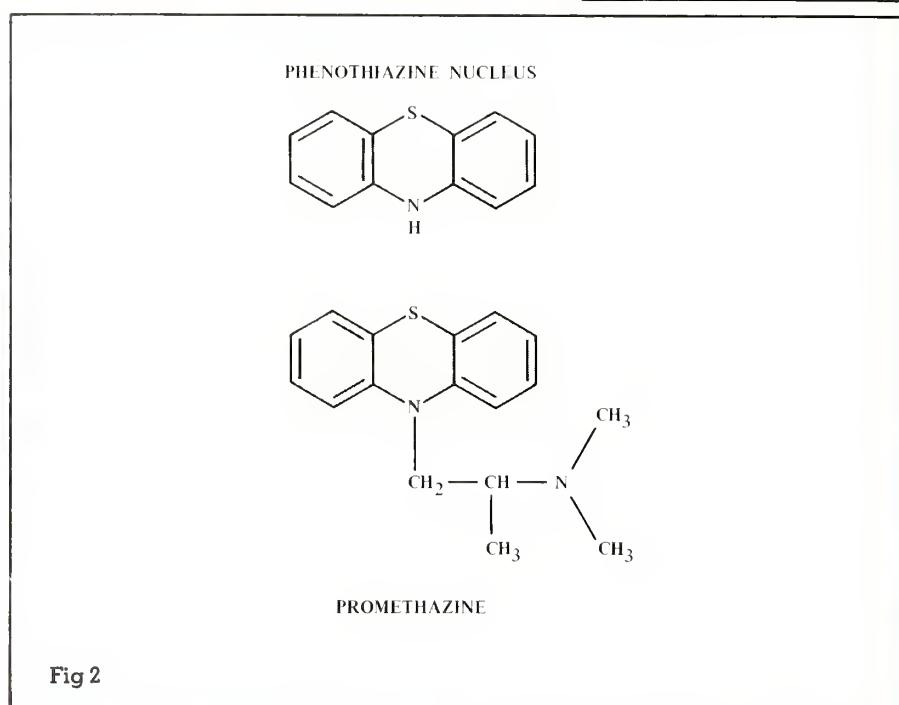


Fig 2

Pharmacokinetics and metabolism

Relatively little is known about the pharmacokinetics of promethazine in man. Some evidence suggests that the main metabolite in human volunteers is the glucuronide conjugate, and only trace amounts (<5 per cent) of the drug can be recovered unchanged in urine. In common with other phenothiazines metabolism of promethazine includes oxidation of the ring sulphur. Similarly, in common with compounds possessing a tertiary alkyl amine side-chain, N-dealkylation leads to the corresponding nor-derivatives. As with most phenothiazines, promethazine is highly bound to plasma proteins and has a high volume of distribution (about 200 litres).

Effects on sleep

The literature on the effects of promethazine and indeed of antihistamines in general, on sleep, is sparse. A number of antihistamines (eg diphenhydramine and doxylamine) are used in the USA as sleep aids but their continued approval by the Food and Drug Administration for this particular use is subject to more information being made available. The limited amount of research done on promethazine in this context, suggests that the drug is more effective than placebo as a sleep aid and that the quality of sleep is not impaired although some residual effects were felt in the morning. Whether tolerance or withdrawal problems are likely with long term use is unknown, but if pharmacists restrict use of promethazine as a sleep aid to occasional episodes of sleeplessness as recommended by the manufacturers, then these problems are unlikely.

Non-prescription drugs should meet certain criteria, including (i) unlikelihood to be misused as a drug of addiction, (ii) safety

even following overdose and (iii) freedom from serious adverse effects.

Promethazine seems to be one of the safest phenothiazines. Anti-cholinergic effects such as dry mouth and constipation are, however, likely and synergistic effects with other drugs with anti-cholinergic activity are to be expected. Likewise, enhancement of sedative effects by other CNS depressants is likely. The drug undergoes transplacental transfer but no teratogenic effects have been observed. However, as with all drugs, avoiding its use in pregnancy is to be recommended, particularly since the condition being treated, as defined by the manufacturer, is self-resolving.

Photosensitivity reactions have followed the use of promethazine but this does not appear to be a common or major problem with this drug. Where the problem is recognised, therapy should be stopped immediately and re-exposure avoided. Patients who have suffered from drug-induced photosensitivity, particularly to phenothiazines, should clearly be advised against using promethazine.

Conclusion

The long history of safe use of promethazine both in the adult and paediatric populations make it unlikely that serious adverse effects will arise during its use as a sleep aid. However, as with any shift in the population using a drug, vigilance is necessary. In counterprescribing the amount of drug dispensed should be kept low and in any case the patient should be advised to ensure that the drug is only used as a temporary measure. If insomnia persists, medical advice should be sought.

This one of a series of "pull-out and keep" articles on OTC topics by Professor Alain Li Wan Po, department of pharmacy, The Queen's University of Belfast.

Colven granules

Manufacturer Reckitt & Colman Products Ltd, Dansom Lane, Hull

Description Grapefruit flavoured, yellowish-brown, effervescent granules in sachets. Each sachet contains ispaghula husk 3.5g and mebeverine HCl 135mg

Further information Studies have shown that a combination of ispaghula and mebeverine gave better overall relief of the symptoms of irritable bowel syndrome when compared to bran or another antispasmodic agent

Indications Conditions where abdominal pain and bowel dysfunction occur such as irritable bowel syndrome, colitis, Crohn's disease, ulcerative colitis or gastritis

Dosage Adults and children over 12 years: One sachet morning and evening half an hour before meals. An additional sachet may be taken before the midday meal if symptoms are not controlled at this time. The contents of one sachet should be stirred into a glass of cold water and taken immediately

Contraindications Intestinal obstruction and colonic atony such as senile megacolon. As the product contains 6.1mmol of sodium per sachet it is contraindicated where strict sodium intake is required, eg severe renal and cardiovascular conditions

Warnings Not yet recommended for children under 12 years old. Caution in pregnancy

Packs Carton 60 sachets (6x10) £15 trade

Supply restrictions Prescription only

Issued March 1985

Carbamazepine from Generics

Generic carbamazepine tablets have been introduced by Generics (UK)

The scored, white tablets come in strengths of 100mg (100, £2.45; 500, £11.75 trade), 200mg (100, £4.50; 500, £21.70) and 400mg (100, £8.90), marked "CB100," "CB200" and "CB400" respectively. Generics UK Ltd, Station Close, Potters Bar, Herts EN6 1TL.

Synuretic tabs

Supplier DDSA Pharmaceuticals Ltd, 310 Old Brompton Road, London SW5 9JQ

Description Peach-coloured, round tablets, marked "Synuretic" on one face; each contains 5mg amiloride hydrochloride and 50mg hydrochlorothiazide

Indications, dose, contraindications

Chemist & Druggist 2 March 1985

warnings etc As for other preparations of amiloride hydrochloride and hydrochlorothiazide

Packs 100 tablets (£5.50), 500 tablets (£27.50 both prices trade)

Supply restrictions Prescription only
Issued March 1985

Beecham Research Laboratories, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.

Kaodene renamed: Kaodene (Crookes) is now called Kaodene and is made and distributed by Boots Company PLC, Thane Road, Nottingham NG2 3AA.

Gamma Globulin Kabi renamed: Gamma Globulin Kabi has been renamed Kabiglobulin. Packs and prices are unchanged. Kabivitrum Ltd, Riverside Way, Uxbridge, Middlesex UB8 2YF

BRIEFS

Augmentin marked "sugar-free": Augmentin junior and paediatric suspensions are now labelled "sugar-free"



Sell the naturally better Multivitamin

There is no artificial flavouring, colouring or sugar in Red Kooga Multivitamins – only fine ingredients, including selected minerals with natural Vitamin E.

So we are telling your customers to ask for the 'more natural' multivitamin with a heavy advertising expenditure in national newspapers and magazines.

Natural, quality ingredients have kept our famous Ginseng Britain's top-selling brand. With our commitment to quality, our well-established brand name and our year-long national advertising campaign, Red Kooga Multivitamins will be selling better than ever.

It's only natural.



RED KOOGA
The House of Health

For details contact your English Grains representative, or call (0283) 221616, or write to Red Kooga, E.G. Marketing, Swains Park Industrial Estate, Park Road, Overseal, Burton-on-Trent, Staffordshire, DE12 6JT.

Evening Primrose Oil

The pure, natural source of GLA



£4.44

(Suggested retail price including VAT)

Large

100 x 500mg capsules
for the regular user who
may be taking EPO for
a chronic condition.



£10.50

(Suggested retail price
including VAT)

£3.45

(Suggested retail
price including VAT)

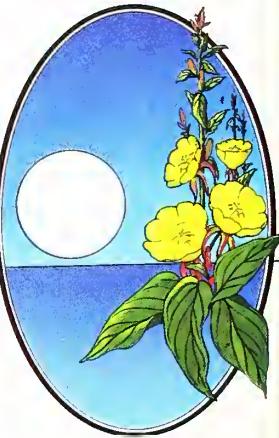


Dropper Bottle

(15ml)

for those who cannot take capsules –
especially small children, and vegetarians.

All our packs contain nothing
but pure EPO extracted from
seed grown under our direct
control. No additives or
other oils are blended.



'Unreasonable' for importers to stop trading

It is unreasonable to expect parallel importers to stop their activities while they wait for licences to be granted, according to an EEC lawyer.

Speaking at a conference in London last week, Dr Laurence Gormley, of Commission of European Communities, said that member States are permitted to require a parallel exporter to be licensed or obtain other authorisation before importing. But the licensing procedure should take only a reasonable length of time and the Commission had indicated that 45 days should normally be sufficient. When a new scheme was introduced, as in the UK, delays might be greater because of the initial flood of applications.

"It is quite unreasonable to expect parallel importers to suspend their commercial operations until a decision is reached," Dr Gormley maintained. "Those who were importing before the introduction of the new scheme and who have applied for licences should be told that they will not be liable to prosecution under section 45 of the Medicines Act 1968 until such time as any negative decision is taken on their application unless, of course, there is any good reason to believe that parallel imports of a particular product pose an imminent and specific threat to public health or do not comply with the Community Directive on matters such as labelling, package inserts and the like."

Effect on industry

It is difficult to see what the commercial implications of parallel imports will be on the industry, Mr David Massam, secretary, Association of the British Pharmaceutical Industry, told the conference.

Much depended on how pharmacists viewed these products. Many had previously regarded them as dubious but the granting of PL(PI)s would give them a mark of approval, he said, and might make pharmacists feel happier about using them.

In addition, some pharmacists had thought it was dishonest to buy cheaper products from abroad while being remunerated as if they were supplying UK products. But now that there was a procedure for endorsing prescriptions for drugs obtained at high discount, pharmacists might feel that buying cheaper products was respectable. It remained to be seen whether FPCs would be able to monitor

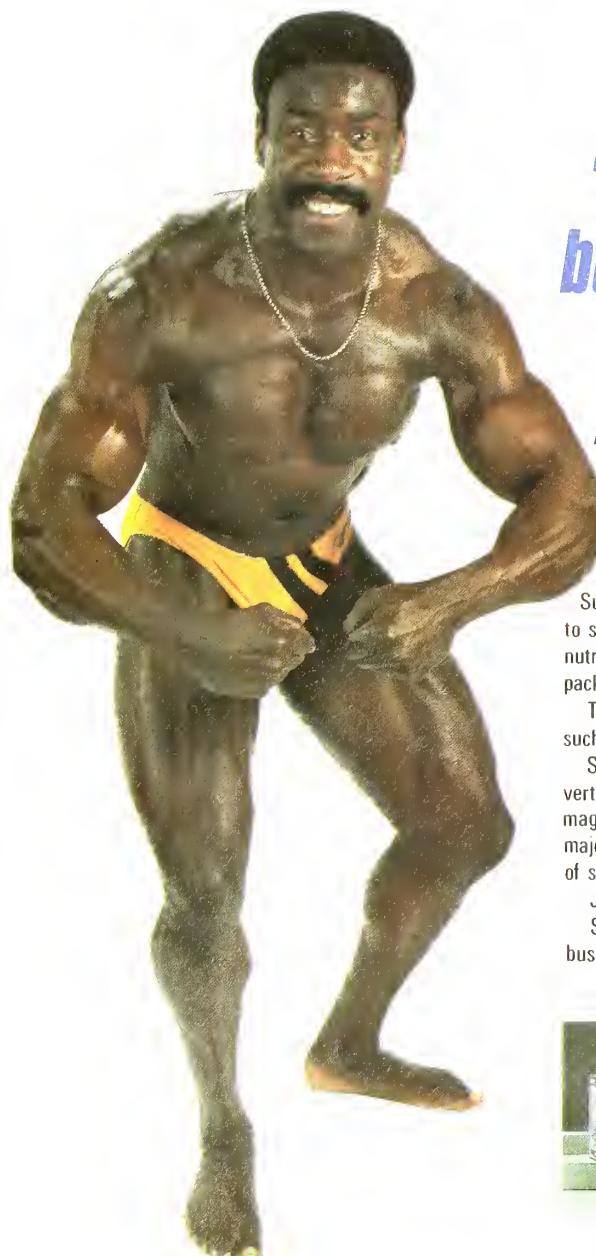
adequately pharmacists' compliance with the HD endorsement scheme.

It was impossible to say at this stage what the final commercial consequences would be for the industry, he continued. Certainly the UK companies were losing sales.

Parallel imports into the UK could amount to as much as £50-70 million a year, although this figure was difficult to determine accurately. Adverse effects on employment were likely and the present highly favourable balance of payments on pharmaceutical products was being prejudiced.

There was also concern about the viability of full range wholesalers. Parallel importers were selective and went for those products with a good price differential and good potential market, ignoring the less popular presentations. The full range wholesaler, on the other hand, was expected to stock everything and was suffering in viability.

The Wellcome Trust have awarded ten grants totalling over £155,000 to veterinary research workers. The projects funded vary from eye disease parasitology.



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Control the environment to heal the wound

A wound can be defined as a disruption, and healing a restoration, of the continuity of cells. Dr T.D. Turner of the Surgical Dressings Research Unit at the Welsh School of Pharmacy, looks at the healing process and how dressings have been developed to optimise the conditions for that process

The objective of all wound management procedures is to produce the optimum healing rate and restore function and mobility to the wounded area as soon as possible. All wound management products are expected to contribute to the process but a consideration of the mechanisms of healing and the materials used will show that only products which have become available in the last decade have a design/function relationship which optimises some part of the wound healing process.

There are three categories of wound: *Surgical wounds* are elective incisions which penetrate the skin and may be further subdivided into clean, contaminated or infected, depending upon the site of surgery. Such wounds will generally heal by first intention, that is by approximation of the incised surface with sutures.

Traumatic wounds involve soft tissue or fascia. If the injury occurs below the skin (closed wound) as a contusion, the normal healing process will continue without the assistance of a wound dressing. Open soft tissue injuries may be abrasions, lacerations, avulsions or puncture wounds, depending upon the depth and degree of tissue loss.

With high tissue loss injury, the need for granulation and extensive epithelial migration will produce a slower healing process known as healing by second intention. All open wounds benefit from management with wound dressings.

Table 1: Time relationship of healing phases.

Time	Phase
0-24 hours	Inflammatory phase Clotting Vasodilatation Phagocytosis
24-48 hours	Migratory phase Epithelial cell migration Fibroblasts and endothelial cell migration
48-72 hours	Proliferation phase Collagen synthesis Production of granular tissue
14+ days	Maturation phase Epithelial closure Cicatrisation Progressive fibrosis

Burn injuries are specific wounds and are classified into first degree, involving the superficial layers of the epidermis; second degree, which penetrates into the layers of the dermis; and third degree, resulting in the destruction of subcutaneous tissue. *Chronic wounds* frequently have their origin in some permanent or temporary pathological condition of the patient. Such injuries include venous ulcers caused by impaired circulation and found in patients with peripheral vascular disease, arteriosclerosis and diabetes; and decubitus ulcers or pressure sores caused by systemic impairment of blood flow due to excessive pressure on one area of skin resulting in tissue destruction.

The healing of chronic wounds is frequently by second intention and requires intensive management.

Trauma caused by furuncles, phlebitis, lymphangitis, are specific injuries with different underlying causes requiring specific management methods.

The healing process

The process of wound healing commences immediately after injury. It includes four recognised phases which normally occur in succession. They are the *inflammatory phase*, the *migration phase*, the *regeneration phase* and the *maturation phase*. The time relationship is shown in Table 1. Where tissue abnormalities occur, the healing cascade may be halted; for example, ischaemic ulcers would appear to be in a continuous phase of inflammation without progressing towards regeneration.

The phases are a dynamic inter-relationship between cellular and extracellular activity involving a biochemical potentiation of the intrinsic coagulation, complement, kinin and fibrinolytic systems.

The cellular factors associated with or potentiated by the acellular activity, include the release of histamine and 5-hydroxytryptamine from mast cells which contributes to the inflammatory phase and vasodilation. Fibrin deposition gives the matrix for the retention of migrating cells.

The polymorph leucocytes, with the assistance of complement and the immune system, initiate phagocytosis and cleanse the wound. Endothelial cells intrude and modify to produce the supplementary vascular system required for nutrition, and initiate healthy granulating tissue. Further fibroblasts emigrate to lay down the collagen network for fibrosis.

Cell movement is directed by chemotactic agents and epithelial migration by angiogenic agents.

Conditions for healing

Healing can best be assisted by producing a microenvironment at the dressing wound interface which has optimum temperature, humidity and oxygenation and is free from toxic particulate or microbial contamination. In the last decade the recognition of the complexity of the healing process has led to the design of function-related dressings and it has been stated that the optimum wound dressing should:

- (i) absorb excess exudate and toxic substances.
- (ii) maintain a moist surface at the wound/dressing interface.
- (iii) allow gaseous exchange.
- (iv) demonstrate impermeability to microorganisms.
- (v) insulate the wound from low temperature effects.
- (vi) show freedom from particulate and other contaminants.
- (vii) allow removal without trauma.

The absorption and permeability requirements will vary between types of wound and at different stages of the healing of the same wound.

There is still some discussion on the importance of gaseous permeability but there is universal acceptance of the wet wound, moist interface concept and its importance to epithelial migration and the avoidance of adhesion at dressing change.

Types of dressing

A brief consideration of the product groups available will demonstrate the technological advances that have been made in the design of controlled environment products.

Traditional dressings: The traditional absorbent and packing materials are the subject of monographs in the EP, the BP, the BPC or in the Drug Tariff (Table 2).

These products are excellent absorbents, are air permeable and good thermal insulators but they do not provide a moist interface, they are no barrier to infection and their loose fibre, open weave characteristics cause damage to the wound by particulate contamination and trauma on removal due to adhesion.

Sleeved and laminate pads: The expression of the optimum parameters led to

Table 2: Absorbents and filmated products

Lint, gauze swabs
Cellulose tissue, ribbon gauze
Gauze and cotton tissue (gamgee tissue)
Non-woven viscose swabs
Woven and non-woven swabs with fibre fill

manufacturers producing a number of sleeved and laminated pads with improved absorption capacity and "non-adherent" wound contact surfaces. Such pads include Perforon (Johnson & Johnson), a high absorbency pad with a polypropylene viscose contact layer and Melolin (Smith & Nephew), a laminated pad with an acrylic viscose fibre mix absorbent and a perforated polymeric film contact layer.

These products have been joined by many combinations and variations, all of which are superior to the traditional absorbents but still do not meet the requirements to produce the optimum microenvironment for healing.

Primary dressings: It was postulated that a wound management system consisting of a primary non-adherent contact layer, which would maintain a moist environment and be impermeable to bacteria, could be used with a superimposed absorbent and insulating pad to produce a two phase optimum dressing system. The primary dressing could be left *in situ* and the absorbent pad changed when necessary. This would extend the time period between dressing change and thus reduce disturbance to the healing wound.

Paraffin gauze and aluminium coated fabrics and more recently nylon fabrics were used as the first primary dressings, and have led to the development of a range of polymeric dressings consisting of granules, foams, films, hydrogels and hydrocolloids.

Granules: Certain wounds require debridement before cell division can be initiated. Surgical debridement to remove necrotic and mucoid tissue is sometimes a necessity, but chemical debridement is preferable. A polysaccharide gel dextranomer, Debris (Pharmacia) and a starch copolymer, Bard (Bard Biomedical) gel have been used successfully to cleanse decubitus and varicose ulcers.

They are inserted into the cavity wound as a gel or paste and absorb exudate to produce a sorption gradient which cleanses and debrides the wound and encourages the production of granulation tissue.

In situ foam: The silicone foam elastomer Silastic (Dow Corning) produces a similar effect but is used for much larger cavities where the major problem is to fill the wound without leaving any sinuses which may

become the foci of infection. The product is poured directly into the wound where it expands *in situ* to fill the cavity.

It stimulates the production of granulation tissue and, as the cavity shrinks, is removed and replaced with a new "bung". The substitution of this preparation for the impregnated ribbon gauze regimen is a major advance in wound management.

The foam character of Silastic would also assist in the treatment of decubitus by distributing the disruptive pressure.

Polymeric foams and films: Other foams and films were the first products to be described as "environmental dressings". Lyofoam (Ultra Laboratories) is a closed cell foam with a heat modified contact layer which absorbs excess fluid without dehydration. Its conformability and compression characteristics make it a useful product in the management of decubitus. It has also been used as a burns dressing and may be tailored to form a tracheostomy or drain dressing.

Synthaderm, Armour Pharmaceuticals, is a thin polyurethane membrane impermeable to water and bacteria, permeable to water vapour and gases and maintains and conforms to a moist wound interface. It is non-adherent and, with a superimposed absorbent pad to remove excess exudate and provide insulation, it approaches the requirements for an optimum dressing. Synthaderm has proved particularly successful in initiating growth in long term ischaemic ulcers, where it is applied beneath a pressure bandage.

Semipermeable adhesive films: Were first used as surgical incise drapes. The group; Opsite (Smith & Nephew), Tegaderm (3M) and Biocclusive (Johnson & Johnson) consist of thin transparent films of elastomeric copolymer with an adhesive wound contact surface. Their environmental control is particularly important in burns, where the water vapour permeability of the film is less than the tissue fluid loss and thus a high fluid level is maintained at the wound surface. This contributes to the reduction in further fluid loss and enables a cell and protein rich exudate to contribute to the healing process.

Hydrogels and hydrocolloids: The most recent developments are hydrogels and hydrocolloids. Products such as Geliperm (Geistlich) and Vigilon (Bard Biomedical) are cross-linked polymeric materials which contain approximately 96 per cent of water bound into the matrix of the gel. They are soft, conformable, transparent, non-adherent, gas permeable, bacteria impermeable gels which, when placed on a wound, will absorb excess exudate and maintain the required moist interface.

The hydrocolloid dressings include Granuflex (Squibb Surgicare) and Comfeel Ulcus (Coloplast). Both are composite

formulations of hydrocolloids and an elastomer. They adhere to the surface surrounding the wound and produce a closed environmental impermeable chamber which does not allow penetration of water vapour or air. The absence of oxygen would not be a disadvantage in a wound which had a highly vascularised bed. The precise nature of the response of the hydrocolloids is yet to be determined.

These two product groups have potential for development. They could be modified to become sustained release systems for antibacterial and growth potentiating compounds and, used in combination with the tubed gels and granules, they could offer a complete wound management system for all types of wound.

They also demonstrate that design is finally taking over from the accidental discovery and novel application of the immediate past.

Pharmaceutical involvement

This brief review of wound management products indicates that the principle of functional design has been applied both to the advantage of patient and practitioner. These innovative products with recognised performance characteristics should allow an informed selection of materials and produce the optimal wound management regime for an individual patient's condition.

Unfortunately, in practice this is the exception rather than the rule. In wards and community nursing over half of the wounds in the UK are dressed with absorbent gauze, one of the least acceptable of the wound contact materials and likely to cause a secondary trauma at dressing change.

The principal reasons for this situation are either the non-awareness by the user of more suitable products, or, even if aware, the non-availability of the most suitable product. Any correction of this situation must closely involve the pharmacist.

As a matter of principle, products which are the subject of monographs in the British and European Pharmacopoeias must be considered the purview of the pharmacist and other health care professionals should be able to turn to him for information and advice.

Hospital pharmacy

Hospital post-operative and ward dressing procedures are in general structured around the continuous availability of the large and small "Wound dressing" pack. Many of these packs do not contain a recognised wound dressing but an entirely unsuitable "general purpose" absorbent pad. Their availability stifles the use of more suitable materials and deprives the medical and nursing staff of more advanced and sophisticated products.

A recent Commodity Advisory Group

report highlights the problems associated with the validation, selection and purchasing of new products. It suggests that the need for a safety and efficacy requirement could eventually result in a product licence for these materials, effectively placing their control in the hands of the pharmacist.

This possible change in product status serves to highlight the Pharmaceutical Society's directive, accepted by regional pharmacists, that the responsibility for wound management products lies with hospital pharmacists. They must, therefore, be responsible for the evaluation of contact samples and contribute to product selection.

Their quality assurance function will include confirmation of the quality of the delivered product and its quality status throughout storage, inhouse manufacture right up to the point of use on the patient. The pharmacist must also be the major source of information and offer direct advice to both medical and nursing staff at the ward level, ensuring an understanding of both product performance and related procedures.

Community pharmacist

In the community the pharmacists' responsibility is no less significant than in hospital but the range of products is

constrained by factors outside his direct control. Products which he can supply on FP10 are in the main restricted to those described in the Drug Tariff.

The Drug Tariff, as far as wound management products is concerned, is a conservative, contractual document, and the mechanism for the inclusion of a new product is involved and self limiting. The restraints can be to the detriment of the patient who is transferred from the hospital to the community only to find that the procedure being followed successfully in the hospital is disrupted by the non-availability of the required products.

This may result in a cessation of the healing cycle or additional wound complications which can only be rectified by rehospitalising the patient.

The pharmacist should be aware of such situations and from his knowledge of the available wound management products be able to advise GPs and community nurses of any alternative materials which may meet some of the performance requirements for a particular wound.

A modification of the Drug Tariff system is required to allow the inclusion of safe and efficacious products more speedily than at present. This would strengthen the pharmaceutical "bridge" between hospital

and community to the direct benefit of the patient and indirectly result in those economies associated with using cost-effective products.

A recent survey in the Surgical Dressings Research Unit revealed that approximately 1,000 products are offered as first aid dressings for both home and industry. Many of these are without a prestatuted standard and even when one is given it requires confirmation by the distributor.

For example, of the "standard" dressings evaluated in 1983, one was labelled "sterile BP". It was proven not to be sterile but its doubtful authenticity could be inferred from the fact that there are no "standard" dressings in the British Pharmacopoeia. When challenged, the manufacturer stated that the suffixed initials stood for "best product"!

The new standards for first aid and occupational health care laid down in the Safety of Work legislation requires that the product used should meet the available official standards for first aid products. Outside this protective statement, pharmacists would be wise to sell only those materials which are manufactured by reputable companies, known for dressing product reliability in the wider field.

Shapes for the future

Ambroise Paré said in the 16th Century: "I dressed the wound, God healed it." C&D takes a look at how modern dressings may well be helping today's physicians to assist God a little in the process.

Hydrogels

Geliperm (Geistlich) is an inert hydrogel made by polymerising a mixture of acrylamide and agar, first developed at the Max Planck Institute for Immunobiology in Freiburg. It has the structure of two interwoven molecular networks with a high capacity to retain water — Geliperm has a water content of 96 to 97 per cent.

It can be used to encourage granulation and epithelialisation in chronic ulcers, in the treatment of skin graft donor sites, to cover superficial wounds, and to prevent the drying out of exposed tissue such as tendons, bones etc.

The dressing is elastic and transparent, allowing the wound to be seen without disturbing it. Its pliancy enables it to adapt to the base of the wound without sticking. The dressing encourages coagulation and is permeable to wound exudate including proteins, but impermeable to bacteria.

An absorptive compress has to be used on top of Geliperm in exuding wounds.

Geliperm comes in three forms: a wet sheet for flat or shallow wounds (sheet size 26 by 12cm, 6, £51.23); a dry sheet with a greater absorptive capacity allowing it to be used as a carrier for water-soluble agents (sheet size 25 by 11cm, 6, £51.23); and granulate for large areas of tissue loss — acting in a secondary role as a wound cleanser (tube size 20g, 6, £20.82 or 50g, 6, £52.04, all prices basic NHS).

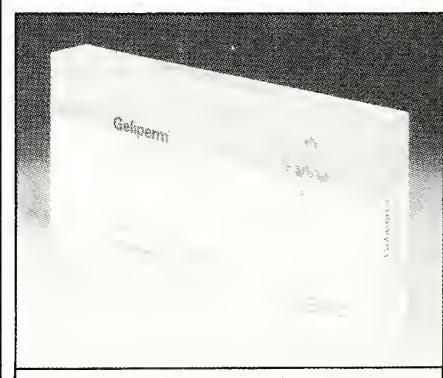
Geliperm loses moisture by evaporation and should be rehydrated every 24 hours if left in place. Geistlich say that dressings should be changed in accordance with clinical preference.

Scherisorb Gel (Schering) is an instant dressing for leg ulcers, pressure sores and other cavity wounds for use after the wound has been debrided. It is available as a premixed starch co-polymer hydrogel containing 2 per cent starch co-polymer,

per cent water and 20 per cent propylene glycol preservative (25g, £1.38 trade).

It is a highly absorbent, non-adherent dressing that removes exudate while maintaining a moist environment. The gel provides a low friction interface between the wound and wound covering, preventing adherence and allowing trauma-free dressing changes.

The Scherisorb Gel dressing is recommended to be changed every three



Geliperm acrylamide and agar polymer.

days or more frequently if necessary. Removal is by irrigation with a sterile solution.

Foams

Silastic Foam (Dow Corning, distributed by Calmic Medical) is a reusable catalysed

Which brand of plasters outsells all the others put together?



Last year it had almost 60% of the first aid dressing market.

This year it's spending £1.25 million on television, the only brand to really support the market.

Its Airstrip® and Fabric plasters

are brand leaders and with its Clear plaster it offers your customers the complete range.

It's also introducing new fabric fingertip and knuckle plasters which will be in assorted packs.

It's the one people ask for by name. It's Elastoplast®.



*Trade Mark

A Smith and Nephew product



Scherisorb Gel — ready-mixed sachets

silicone polymer foam dressing indicated for open granulating wounds. It has been used clinically in a wide range of situations, including surgical wounds, pressure sores and skin graft donor and recipient sites.

Silastic Foam Dressing is presented as a poly(dimethylsiloxane) base with a stannous octoate catalyst. When mixed in the ratio of 100 parts unpolymerised elastomer to 6 parts catalyst, hydrogen is liberated, forming the matrix of the foam, which swells to four times its original size.

After mixing for 15 seconds, the foam is poured onto the wound, where it conforms closely to the contours, setting within three minutes. For deep wounds, the constituted elastomer is put into a bladder syringe and delivered to the depths of the wound. The foam can be held in place with tape.

Silastic Foam Dressing is absorbent, non-adherent non-allergenic and does not disintegrate when wet. Serous exudate is absorbed into the dressing, which is removed twice a day and washed, rinsed in running water, soaked in antiseptic (chlorhexidine 0.5% is recommended), squeezed gently to remove excess, and replaced in the wound. Dow Corning say this keeps the bacterial count of the dressing low, though not sterile, and the wound itself has lower bacterial counts than with conventional gauze dressing.

As the wound contracts, the foam rides high in the wound, avoiding pressure on the growing granulation tissue.

The dressing has to be replaced every seven days as the wound contracts.

Silastic Foam Dressing is available in two sizes, 20ml elastomer with catalyst (£5.10) and a bulk pack 500ml elastomer (£60.30).

Synthaderm (Armour Pharmaceuticals) is a polyurethane foam, presented as flat sheets, hydrophilic on the wound side and hydrophobic on the other preventing strike-through of exudate. The dressing absorbs some exudate, is permeable to gases but impermeable to bacteria.

Synthaderm has been used to promote healing in deep burns, scalds, skin donor

sites and varicose ulcers.

In the early days of application the dressing may require changing every 48 hours. Armour point out that a dramatic increase in exudate may be expected in the early stages. The ulcer may appear to get larger but this should be expected under semi-occlusive dressings, as self-debridement only occurs in such circumstances.

Synthaderm is available in a wide range of sizes, from 5 by 5cm to 10 by 40cm. It is recommended to use a cotton wool/gauze pad secondary dressing and an elasticated or crepe bandage to keep it all in place. The length of time between changes, however — up to 14 days towards the end of treatment — keeps the cost of additional dressings down.

Lyofoam (Ultra Laboratories) comprises a neutral polyurethane sponge with two layers: a smooth soft hydrophilic layer and a honeycomb shaped hydrophobic layer. It is primarily used in the treatment of leg ulcers, pressure sores, minor burns and in a special format as a tracheostomy dressing.

The hydrophilic surface is placed in contact with the wound and provides a controlled absorption of exudate. Air diffuses freely through the foam to the wound site. The dressing can be freely removed without breaking down new tissue.

During the initial treatment of a leg ulcer, Ultra say the dressing should be changed daily, or even more often, as the wound is debrided. After this phase, dressings need only be changed twice weekly. For most applications surgical tape is the only extra hold required.

Lyofoam is available in a wide range of sizes, ranging from 7.5 by 7.5cm (25, £7.29) to 30 by 25cm (£1.96, both prices trade). There is also a sterile eye dressing.

Hydrocolloids

Granuflex (Squibb Surgicare) is a sterile hydrocolloid occlusive wound dressing for use in the management of ulcers and pressure sores.



Granuflex hydrocolloid dressing

It consists of moisture absorbent particles in a hydrophilic matrix backed by a waterproof polyurethane foam on the outside providing a barrier to gases, moisture and micro-organisms.

Granuflex adheres to undamaged skin surrounding the wound forming a bacteria-proof seal. Over the wound site, Granuflex interacts with exudate to form a soft gel that appears to provide an ideal moist environment for cell migration. On removal of the dressing the gel separates, some remaining in the wound bed, causing little or no damage to the new epithelium.

Squibb say the dressing can be left in place for up to seven days, or until the exudate is seen to penetrate to the foam layer. Granuflex needs no top dressing, though some taping is advisable, especially if the dressing is under clothing.

Professor Eaglstein of the University of Pittsburgh School of Medicine says that totally occlusive dressings like Granuflex have the advantage of promoting rapid epithelialisation in acute wounds and enhance the healing of chronic wounds. They also seem to cause less pain.

Though Granuflex is impermeable to oxygen Squibb say it appears to increase dermal blood flow.

Granuflex is available in two sizes: 10 by 10cm (5, £7.61) and 20 by 20cm (3, £15.94). There are also granules, for wound packing (4g, £6.93 all prices trade).

The "seaweed" dressing

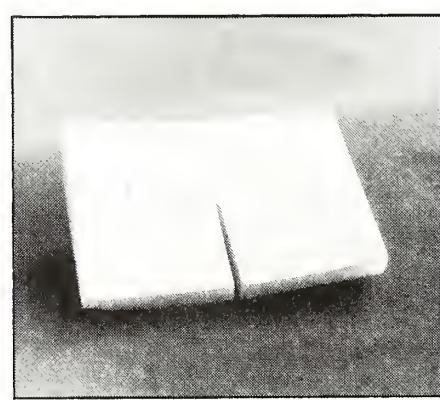
Steriseal Sorbsan (NI Medical) is a sterile, highly absorbent natural biodegradable alginate dressing derived from seaweed.

It has been used successfully in the treatment of diabetic and trophic ulcers. The company says that excellent responses have also been achieved in burns, infected post-operative wounds and sinus drainage.

The alginate base of Steriseal Sorbsan is a naturally occurring polysaccharide found in brown seaweed (the species *Haminaria* and *Ascophyllum* grow in abundance off the Scottish coast). The principal constituent is a polymer of D-mannuronic and L-glucuronic acids, present in varying proportions according to the source.

Steriseal Sorbsan is made from the calcium salt of alginic acid, prepared as a high quality (BP specification for purity) textile fibre and presented as either a wool or a flat non-woven pad.

Wound secretions and bacterial contamination are controlled by strong hydrophilic gel formation on uptake of



Lyofoam can also be tailored for use as a tracheostomy dressing

exudate. Fibres trapped in the wound are biodegradable, thus complete removal is unnecessary, avoiding disturbance of granulation tissue formation. Saline converts the calcium salt to the readily soluble sodium salt, facilitating removal by dissolution. Alginates also have a haemostatic effect that may be of extra benefit in some wounds.

Depending on the wound, and the amount of exudate, dressings are changed daily (or more frequently) initially. The time intervals between dressings is then lengthened to two days according to progress.

Steriseal Sorbsan is available as a 10 by 10cm dressing (£0.50, £87.50 basic NHS).

Semipermeable films

Tegaderm (3M Health Care), added to the Drug Tariff in July 1984, is a transparent, sterile, semi-permeable polyurethane film dressing.

It is indicated for skin protection, prevention and treatment of pressure sores, and repair of leg ulcers and post-operative wounds. A frame holds the dressing film flat for ease of application.

Tegaderm does not absorb exudate, so should not be used on infected or heavily draining wounds. Trapped exudate provides a moist environment for epithelial cells to grow.

3M say the dressing can be left on for up to two weeks but should be changed if signs of infection appear or if the amount of exudate compromises adherence.

Tegaderm is available as a 10 by 12cm dressing (10 packs of 10, £65).

Biocclusive (Johnson & Johnson) is a recently introduced semipermeable film BP dressing available on the Drug Tariff in its 10.2 by 11.4cm size (£0.68), though a wide range of other sizes from 5.1 by 5.7cm up to 20.3 by 26.7cm are available.

Biocclusive is transparent, impermeable to fluids, permeable to moisture vapour and gases and has a hypoallergenic adhesive.

J&J say the film is not as prone to cling to itself as other products in the category. Finger notches and perforated tear-away tabs make for easy application. The dressing is indicated for pressure sores, both prevention and treatment, burns, donor sites, cuts abrasions and scalds.

Opsite (Smith & Nephew) was first available on the Drug Tariff as a 10 by 10cm dressing in August 1983.

It is a thin polyurethane film coated on one side with a low allergy adhesive. Waterproof and permeable to gases, Opsite is impermeable to bacteria. By keeping the wound surface moist, Opsite provides an ideal environment for natural healing to take place, says the company.

Opsite is available in a range of sizes from 10 by 10cm up to 28 by 45cm.

Slow growth in first aid

The first aid dressings market is worth £18m rsp according to Smith & Nephew and Johnson & Johnson.

S&N say the market has increased from £15m in 1980 and they predict a slight growth for the future with the battle for market share reflected in technical improvements and marketing activity.

The market is split roughly in three between independent chemists, Boots, and supermarkets. "They have 30 per cent each with 1 or 2 per cent either way," says S&N's marketing manager John Reynolds.

S&N say Elastoplast has continued to maintain its stronghold in the chemist sector, capturing a 70 per cent overall share. Elastoplast also dominates each sector of the market, says the company, with a 76 per cent share of dressing strips, 65 per cent in pre-cut plasters, and 90 per cent of spools.

1984 saw the relaunch of the brand, with a new improved Airstrip — an improved low-allergy adhesive and 40 per cent thinner film — and more modern pack designs. New Airstrip has increased brand share from 66.3 per cent in May 1983 to 70 per cent currently, says the company. Cushioncare, for larger cuts, is sold only in pharmacies and was launched in October last year. "It applies medical technology in the commercial environment and is now building up market share," says Mr Reynolds.

Cushioncare is being advertised in the national Press in February and March this year with a £200,000 spend (C&D, February 16, p328).

S&N have recently introduced specialist dressings — for fingertips and knuckles — into Elastoplast pre-cut packs.

Elastoplast is receiving a £1.25m advertising push on television this year. S&N say it is the only brand of first aid dressing that receives consumer television advertising. "The French Revolution" commercial with the "There, there, there" catchline returns to the screen this Summer. And "The Invisible Man", a 10-second commercial featuring the voice of Spike Milligan promoting Clear dressings will also be shown. In addition there will be a national consumer promotion in the Summer, plans for which have yet to be finalised.

S&N say that Elastoplast has consistently provided heavy support for the retailer, offers a high profit on return, and intends to continue doing both. "Its dominant position is one that we believe in supporting."

Johnson & Johnson say there are over 70 different types of pack in the £18m market.

Band-aid was relaunched in October last year with a rationalisation of the range and a pack redesign. J&J claim brand leadership in the plastics sector, which covers their clear and washproof ranges. Last year also saw the introduction of fabric pre-cut plasters to complement the fabric dressing strip. Plans for a Spring promotion in the Women's press and activity later in the year have yet to be finalised.

Robinsons of Chesterfield acknowledge that they are no Elastoplast or Band-aid, but say their Fast-aid range is the third largest seller behind the two giants, in a market they estimate at £20m.

"We're a quality alternative to the two big boys at something of a budget price compared to them," says Ted Martin, product manager for Fast-aid. Promotion is done through the trade rather than to the consumer, though this is not unknown.

Robinsons do have rather more of a presence in the hospital and industrial sectors. "We're probably the largest suppliers to medical wholesalers making up first aid kits in the country," says Mr Martin, who says that Robinsons also supply a number of own labels.

Surgicals at £10m

Independent Chemists Marketing Limited estimate the surgical dressings market at over £10m retail.

ICML claim over 20 per cent brand share for Nucross, with sales well in excess of £2m at Drug Tariff prices.

Volume sales in surgical dressings have fallen by about 4 to 5 per cent each year, say ICML, but inflation of 6 to 8 per cent has kept a sterling growth level at retail.

The Nucross sterile dressing pack accounts for 55 per cent of the company's sales, mainly as a script item, but this has fallen from 75 per cent 10 years ago.

ICML say that their plan to bring surgical dressings more into the OTC sales area has been fulfilled, but they reckon there is still potential for growth.

Nucross surgical dressings were ENA bar coded and PIP coded during 1983-84, which ICML say has had a marked effect on sales; the second half of 1984 showed a volume growth of 8 per cent.

The company will be supporting specific promotions on selected lines during 1985.

Problems are still experienced by community pharmacists where patients are discharged from hospital having been treated with a modern synthetic dressing which is not included within the Drug Tariff and, therefore, not available on FP10.

Successive conferences of Local Pharmaceutical Committee representatives have stressed the need to increase the range of dressings included within Part IX of the Drug Tariff. The Department of Health has steadfastly resisted approaches from the Pharmaceutical Services Negotiating Committee to increase the range of dressings within the Drug Tariff and has been particularly resistant to the inclusion of some of the modern synthetic dressings (eg Silastic Foam, Scherisorb Gel, Sorbsan, Granuflex, etc).

The rationale that appears to have been applied by the Department to the inclusion — or non-inclusion — of dressings within Part IX of the Drug Tariff appears to be one of cost and the criticism may be levelled that not sufficient attention has been paid to the cost/benefit ratio. It might be argued that considerable savings would accrue to the NHS if community pharmacists included within their armoury a range of modern synthetic dressings which could cure conditions rather than just dress them.

Part IX of the Tariff can, broadly speaking, be divided into four sections:

- (i) Dressings.
- (ii) Elastic hosiery.
- (iii) Appliances (including ostomy appliances).
- (iv) Other items — eg trusses.

Dressings

The Drug Tariff is very specific with regard to what dressings may and may not be supplied. Pharmacists should be particularly careful when receiving prescriptions for dressings, not only that the listed dressing is available within Part IX of the Drug Tariff but also that the appropriate size is available. The term "size" includes the length/width of a bandage or the weight of cotton wool.

When the term "bandage" is used without further qualification the pharmacist should supply the white-open-weave bandage and payment will be made accordingly.

Where absorbent cotton is ordered without qualification (BP or hospital quality) the absorbent cotton BP should be supplied; hospital quality absorbent cotton should only be supplied where specifically ordered.

Where appliances are required by the Drug Tariff to be supplied in a sealed packet the quantity ordered should be made up as nearly as possible with the smallest number of sealed packets available and the quantity of material in each packet should be endorsed on the prescription form.

Progress slow on the Tariff

Pharmacists have, ever since the inception of the Health Service, been subjected to a "limited list" with respect to appliances and dressings. A reference to the 1948 Drug Tariff will reveal that many of the dressings available in 1948 are still included within the current edition.

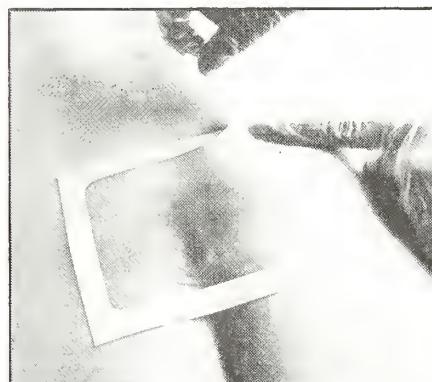
In this context specific attention should be drawn to the supply provisions for gauze dressings (eg Sofra Tulle and Tulle Gras dressings). These are available in one piece packs and should be supplied to the exact number ordered by the prescriber. In the case of Sofra Tulle and Tulle Gras dressing the Drug Tariff gives guidance as to whether the single pack or the pack of ten pieces should be used.

Elastic hosiery

The Drug Tariff is precise in its directions as to the information to be recorded on the prescriptions where elastic hosiery is ordered. Pharmacists should indicate:

- (i) The number of items required (single or pair).
- (ii) The type of hosiery required (eg anklet, knee-cap or thigh stocking).
- (iii) The fabric (one way stretch, standard elastic net/yarn, flat-bed/circular knit).

Where a single stocking is ordered claims will not be accepted by the



Tegaderm (3M) was added to the Drug Tariff in 1984. Here it is being used to protect against shear.

Prescription Pricing Authority for payment for a pair of stockings.

Appliances

Only the appliances listed in the Drug Tariff may be supplied against an order on Form FP10. The 1984 Drug Tariff contains, in addition to the list of appliances which have been available under the NHS for many years, a list of incontinence appliances including belts, bags, and catheters.

It should be noted that incontinence pads and garments, skin wipes and occlusive services are not prescribable on FP10.

The 1984 Drug Tariff also introduced the system whereby pricing of ostomy appliances should be on the manufacturers list price. This arrangement was only made following extensive discussions with the PSNC and following an assurance from the DHSS that these would be available through the wholesaler network (with the possible exception of Hollister preparations) and the agreement of the DHSS to claims being acceptable where appropriate for "broken bulk" and out of pocket expenses. At the time the Drug Tariff was printed the final list prices had not been established but it is anticipated that these will be so included as an appendix shortly.

Pharmacists should regard the appliance list — including the stoma list — as exhaustive of the items which may be supplied on FP10. If pharmacists are unable to obtain the items at list price they would be advised to contact the PSNC office.

Other items

Part IX of the Drug Tariff also contains a number of items which would not fall easily into the category of dressing/hosiery/appliance. These include trusses, ovulation thermometers, contraceptive devices, syringes, and sutures. The same strictures on supply apply to these items as with all items included within Part IX.

In particular, pharmacists should include the following details when submitting a prescription for a truss:

- (i) Single/double (the side if single).
- (ii) Position.
- (iii) Type.

The terms of service for chemists provide that a chemist shall provide: "such appliances as he supplies in the normal course of his business." In this respect appliances differ from drugs. With drugs a chemist is required to supply with reasonable promptness whereas with appliances he is only required to supply those which he supplies in the normal course of his business.

By Mr Stephen Axon, secretary, Pharmaceutical Services Negotiating Committee.

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Does the public need 'trader' GPs

Does the public really need some 3,000 additional "pseudo drug stores", unsupervised and uninspected, set up ostensibly to sell only medicines on the DHSS "blacklist"?

Should the blacklisted medicines need to be sold by dispensing doctors to NHS patients at all? According to the Minister for Health they most definitely should not. Kenneth Clarke protests most vehemently that the limited list is perfectly adequate for the need of all patients.

Why, then, does he yield to pressure from our entrepreneurial rural medical colleagues for a "licence to trade"? Could it be that the medical "tail" is wagging the Ministerial dog?

A.D. Allen
A.D. Asher

Joint chairmen, NE London LPC.

RoC on

The reasons for Graham Walker's "Failure" with RoC are not hard to find (see *C&D* February 23, p387). He has not sent any of his staff to a RoC training school, or in my opinion, given adequate space to merchandise the range or taken part in our regular promotional activity.

Fortunately though, there are retail pharmacists throughout the country who appreciate the value of a sophisticated, French, hypo-allergenic range. It is largely due to their wholehearted and professional support that RoC's sales in 1983 grew by 43 per cent and in 1984 by 49 per cent!

J.F. Pearcey
Managing director, Laboratories RoC (UK) Ltd.

Open the books

I write, yet again, to press for an independent examination and report on the functions, power, structure, organisation and financing of the Pharmaceutical Society of Great Britain.

The cost of the logo, of identity cards, of staff, as advertised for, for the PR and legal departments, and the decision not to employ part of the PSGB premises for the College of Pharmacy Practice, are matters which worry me.

May I make it clear that I am not attacking anyone, not condemning anyone unheard. What I seek is information to enable me to form a fair judgement.

Would candidates in the next Council election please note that I shall vote only for the person or persons stating that they will actively support my proposal.

Eric A. Jensen
Brighton.

Un-Wellcome?

I was interested to read the letter from Trevor Darke about "old strength" insulins and the comments from Wellcome (*C&D*, February 9, p308). This is the second time that Wellcome have answered this point in *C&D* (March 26, 1983 p535). I too have written to Wellcome and spoken to their representative but unfortunately Wellcome have not troubled to reply.

I am sure that many pharmacists will be reconsidering their view of Wellcome and whether their OTC products will have shelf room after the end of March. In addition, it will be a long time before any Wellcome insulin is dispensed in this pharmacy on an "open" script

G.W. Watson
Maldon, Essex.

Family omission

It has been pointed out to me that, in the interview on which you based your report (*C&D*, February 16, p360) of our recent dump campaign, I was guilty of an unfortunate and, in view of the "family connection", almost unpardonable omission from those deserving of praise.

I refer, of course, to our local wholesaler, Bradford Chemists Alliance Ltd, who were good enough to handle the collection and transportation of the sacks of returned drugs. Their willing co-operation ensured that the campaign could go ahead without the need to involve an already over-stretched police force, and their help was greatly appreciated.

R. Hazlehurst
Bradford.

Plymouth says...

The Plymouth Branch wholeheartedly supports the action of the Rural Pharmacists Association and the Pharmaceutical Society for fighting the threat of dispensing doctors to sell medicines. I urge members to write to their MP to oppose this threat to the public.

The Plymouth Branch is also concerned at the likely Government move on Sunday trading and the effect on pharmacists. It urges the Council to act.

Mervyn Madge
Secretary, Plymouth Branch.

Curbs sought on medicine sales

Motions seeking to restrict the sale of medicines to pharmacies and pharmacy ownership to pharmacists are to be put to the Pharmaceutical Society's branch representatives' meeting on May 16.

Gwent Branch are to propose that all medicines be confined to distribution through pharmacies whereas East Metropolitan Branch will suggest that special licences to sell GSL medicines could be issued in areas where access to a pharmacy is difficult. Dudley and Stourbridge will propose that all pharmacies should be owned solely by pharmacists.

Other motions to be put to the meeting include:

- That pharmacists involved in opening a new pharmacy to the detriment of the existing service should be declared in breach of the Society's Code of Ethics.
- That no prescribed medicine should leave the pharmacy without the pharmacist taking steps to ensure that the patient or his representative knows exactly how the medicine should be used.
- The Council should take steps to persuade the Department of Health to control the supply of branded generics at excessive prices under the NHS.
- The Society should introduce stricter requirements for registration and monitor the competence of registered pharmacists.
- That no-one aged 70 or over should stand in the Council elections.
- The form FP10 be redesigned to encourage prescribers to give more information to the pharmacist.
- That the supply of medicines should be restricted to a maximum of 28 days per prescription.



"... of course I'll stick with Unibond... it's an excellent glue..."

A "little doodle" from Mr Alastair Murray, Highbridge, Somerset

£178,000 damages for sacked Astons chief

Stanley Tapp, MPS, former chairman and managing director of the Astons pharmacy chain, was last week awarded £178,000 damages over loss of his job.

Mr Tapp, sacked by Astons in June 1983, had sued the company for breach of contract. Mr Tapp had signed a contract with Astons in 1981 guaranteeing his job until his 65th birthday in 1992, said Mr Justice Tudor Price. The company did not deny liability, but asked the High Court to assess the damages to be awarded.

Mr Tapp, who joined Astons on qualifying in 1952, became a director of the company five years later. He was appointed managing director in 1970, adding the responsibilities of chairman in 1981.

In 1978, Peter Cox, a chartered accountant with consultancy experience in pharmacy, became a director of Astons, buying 20 per cent of the share capital. He took control of the company in January 1983, and had bought all the remaining shares by April.

The company then owned 18 retail pharmacies in Hampshire, Sussex and Dorset, plus a drug store and an agricultural supplies business. Mr Cox decided to sell nine shops in West Sussex and dispense with Mr Tapp's services.

Since that dismissal in June 1983, Mr Tapp and Astons had been unable to agree on the amount of damages due. The company argued, among other things, that Mr Tapp had failed to mitigate his losses by finding another job.

But the judge said Mr Tapp had done everything he reasonably could to get a position similar to the one held at Astons. He was even willing to sell his home and move to Sheffield or Scotland, if posts he had applied for had been offered. But Mr Tapp, 57, found his age was against him.

He considered buying a shop at Shoreham, but did not feel confident to do so, as it had been 15 years since he had actually worked as a pharmacist.

Astons had offered £87,000 plus

interest for him to buy the shop, but he had decided against it because he was "uncertain about the future profitability of pharmacy" said the judge. He had been particularly concerned about Government moves on dispensing. Buying a shop would mean investing everything he had, and he was not a man of wealth. "That was an entirely reasonable decision" said Mr Justice Price.

But, because Mr Tapp might yet decide to buy his own shop, and because he could become a consultant, the judge deducted £7,500 from the damages he would otherwise have fixed.

The final award was £178,475, less an interim payment of £36,200 Mr Tapp had already received from Astons.

Mr Tapp said after the case that he was "satisfied" about the amount awarded, and that he would continue looking for a job. Mr Cox had no comment to make.



This £10,000 handshake wrapped up Unichem's 1984 Golden Draw. Pharmacists partners David Fowlie (centre left) and Harold Forrester of Forres, Morayshire, also got a cheque for £1,000 to be shared among their six staff. All Unichem members who had take part in the monthly Golden Dozen Drawes were eligible for the grand draw. The prize was presented by Unichem director David Mair, ably assisted by Brian Herron, manager of the local Livingston branch

Dali perfume at £1,750 a bottle

Here's an idea for the woman who has everything — Salvador Dali perfume, created with the help of the artist himself, and carrying a price tag of £1,750 per bottle.

The limited edition fragrance will be brought to the UK this Autumn by Prestige Sales and Marketing, set up by former Rochas sales director Terry Mills.

The company is introducing itself to British customers with a slightly less ambitious project. Coca, manufactured by Cofci, a French company, is described as "a fragrance for the medium-to-top end of the market — nearer medium".

It was test marketed in selected areas before Christmas, and received a good enough response for Prestige to offer it nationally. They are aiming mainly at department stores, and those chemists who make a feature of their fragrance departments.

Terry Mills and his fellow director

Brian Smith head a sales team of three. Prestige can also offer advertising and marketing back-up. The company are currently talking to "several leading perfumery and toiletries companies" in France, Italy and America, they say.

"There are many companies producing high-quality products who cannot afford to establish their own sales organisation in the UK" explains Mr Mills.

OFT looks again

Dee Corporation's £338m takeover bid for Booker McConnell may go before the Monopolies Commission for a second time. The Office of Fair Trading says Dee's recent purchase of Fitch Lovell's wholesale business may change the commission's original decision. Booker and Dee both say the Fitch Lovell deal makes no difference to the bid.

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Government uncertainty makes planning impossible, says Dodd

Uncertainty on parallel importing, the PPRS and the limited list make it impossible for pharmaceutical wholesalers to plan effectively. Unichem managing director Peter Dodd told company salesmen last week.

"The situation may suit some wholesalers, who thrive on a policy of drift, but it is anathema to Unichem" he said. "However, I'm convinced these problems will be behind us by the Autumn, and I see no further nasties on the horizon, apart from a possible extension of the limited list."

The year had started very well for Unichem with an enthusiastic reaction to Unibond. "Pharmacists are becoming increasingly aware of the advantages of belonging to their own co-operative" said Mr Dodd.

He expected problems with parallel importing to be much reduced by the end of the year, when the DHSS would have to begin prosecuting unlicensed importers.

"Although the HD endorsement scheme will have little effect initially — after all a pharmacist illegally dispensing unlicensed medicines is hardly

likely to worry about meticulous endorsement — the DHSS will eventually introduce adequate policing as they realise they're losing about £15m a year through excess reimbursement."

Turning to the limited list, and wholesalers' problems with potential stock losses, Mr Dodd said manufacturers — "with one exception" — had been helpful. "I believe we will be able to maintain a good level of service, and also minimise stock losses" he said. He warned that, once the final list is published, Unichem will strictly apply their terms of trade on returned goods.

"Wholesalers are also facing problems with the proposed price reductions under the PPRS" he went on. "This is impossible to quantify as not all manufacturers are involved and indications are that price reductions will be limited to selected products. It remains to be seen how co-operative manufacturers will be able to mitigate potential stock losses to wholesalers, but current indications are hopeful".

Mr Dodd's conclusion was that 1985 would be "an interesting and successful year" for Unichem. "It certainly won't be boring" he said.

Three convicted in £7m Chanel case

Accountant Roy Paine was last week convicted of taking part in a plot to flood high streets with fake Chanel No 5 and 19 perfume, and Aramis aftershave worth an estimated £7m.

Mr Paine was found guilty of three offences of conspiring to contravene the Trade Descriptions Act, but Robert Coles of Ilford and Raymond Young of Chingford were acquitted of identical offences.

Two other men, Stephen Jory of Hackney, and Christopher Hawkins of Barnet, admitted their parts in the plot.

During the trial, Mr Michael Hill, QC, prosecuting said the gang stood to make substantial profits from the "beautifully camouflaged" fake scent.

He said a private detective hired by Chanel posed as a buyer and told how detectives pounced when members of the gang turned up to fulfil the order.

Judge Lawrence Verney quashed charges against the five, which alleged that they had conspired to defraud Chanel and Estee Lauder, and directed the jury to acquit Paine, Coles and Young of conspiring to defraud members of the public.

He ordered that identical charges against Jory and Hawkins should not be proceeded with.

Cussons Pearl tops grocery poll

Cusson's Pearl toilet soap was 1984's best selling new product in the grocery trade, according to Super Marketing.

Pearl, launched last March, achieved its target 6 per cent share of the toilet soap market in just six months.

It becomes only the third health and beauty product to oust foods from the top of the top twenty.

Other chemist goods in the 1984 list are Colgate dental cream's pump dispenser (number 6) and Sure solid from Elida Gibbs (number 15).

Cussons, who will receive an award plaque and a miniature *Super Marketing* front page in polished cherrywood, say they are delighted to have won.

"Trade response to Pearl was overwhelming from day one" says sales director Colin Hession.

Tayside Regional Council is spending £300,000 on building the Lochee Health Centre at Dundee.

COMING EVENTS

Monday, March 4

East Metropolitan Branch, Pharmaceutical Society. Churchill Rooms, Wanstead Library, Spratt Hall Road, Wanstead E11 at 8pm. Mr Bernard H. Betts, entomologist and zoologist for BBC and ITV, on "Insects"

Tuesday, March 5

South West Metropolitan Branch, Pharmaceutical Society. lecture theatre B, St George's Hospital Medical School, SW17, at 7.30pm. Ms C. Barrow, Abbott Laboratories, on "Ostomy care"

Wednesday, March 6

Bath Branch, Pharmaceutical Society. school of pharmacy and pharmacology, Bath University, at 8pm. Miss E. M. Hansen, school of pharmacy, Bath University, on "British poisonous plants".

Flyde Pharmacy Forum. Claremont Hotel, North Promenade. Professional dinner with Mr E. Evans, council speaker. Tickets £8.50.

Thursday, March 7

Thames Valley Pharmacists' Association. postgraduate medical centre, Kingston Hospital, Galsworthy Road, Kingston-upon-Thames at 8pm. Dr M. Hooper, on "Drug abuse in contemporary society".

Weald of Kent, Pharmaceutical Society. postgraduate centre, Kent & Sussex Hospital, Tunbridge Wells, at 8pm. Dr N. D. Harris, on "Counter prescribing and patient counselling".
Society of Cosmetic Scientists. Royal Society of Arts, 6 John Adam Street, London WC2A 6AJ, at 6.30pm. Professor Guy Goulding, University of Surrey and Guy's Hospital, on "Cosmetics — a practical approach to safety in use".

Hastings Branch, National Pharmaceutical Association. Hastings Postgraduate Medical and Dental Centre, Holmsdale

Gardens, at 8pm. Mr Leslie Calvert, NPA chairman, to answer members' questions.

Hounslow Branch, Pharmaceutical Society. West Middlesex Hospital, lecture theatre, Twickenham Road, Isleworth, at 8pm. Dr T. D. Turner, senior lecturer in pharmacognosy, University of Wales, on "Surgical dressings".

Advance Information

Vestrin's Heywood branch is holding its trade show at the Trafalgar Hotel, Samlesbury, near Preston, on Wednesday, March 13. Vestrin say they have invited more than 350 pharmacists and over 20 OTC suppliers will be exhibiting their products.

British Institute of Regulatory Affairs. One day meeting at the Pharmaceutical Society, 1 Lambeth High Street, London SE1 on March 14, on "Codes of conduct — help or hindrance." Cost £59.80 for members, £73.60 for non-members. Details from BIRA, 13 Grosvenor Place, London.

College of Phytotherapy. lecture theatre, Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN, May 1, at 9.30am. Symposium on "Herbal medicines". Registration fee is £25 for non-members, £15 for members of College of Phytotherapy, and £10 for herbal medicine or pharmacy students. Applications to H. H. Zeylstra, secretary, College of Phytotherapy, 65 Frant Road, Tunbridge Wells, Kent, before April 20.

Article Number Association (UK) Ltd. London West Hotel, London SW6, April 17, at 10.45pm. One day conference on "Practical briefing on article numbering", designed for the newer members of the ANA to hear how companies have developed article numbering. The delegate fee is £75 + VAT for ANA members, £100 + VAT for non-members. Fee includes lunch and morning coffee. Further information from Catherine Anscomb, Countrywide Communications, 2 York Street, London W1H 1FA (Tel 01-486 6734).

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Application form and job description from Mrs. J. Miles, Personnel Department, St. Lawrence's Hospital, Coulsdon Road, Caterham, Surrey CR3 5YA, telephone (0883) 46411 Extension 20.

Further details about the position are available from David Armour, Staff Pharmacist on (0883) 46411 Extension 8.

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TOM LYDON

EEC appeal over shop wrangle

George McKenzie, MPS, who was banned from an Edinburgh shopping centre because Boots would not allow another pharmacy there, is taking his protest to the European Court.

Mr McKenzie's case will be presented by David Martin, his local MEP. Mr Martin has already written to Commissioner Peter Sutherland arguing that Boots' insistence on pharmacy limitation, breaches three provisions of the Treaty of Rome.

The European Commission will be asked to make a ruling on the case, at which point Mr McKenzie must decide whether to take it to the European Court. Mr Martin believes the complaint could become a test case.

"I appreciate that it's too late to reverse the Cameron Toll decision," says Mr McKenzie, who is hoping for compensation. "I'm really concerned that this doesn't happen in the future. Boots have already got all the best sites in the country, now it seems they want all the shopping centres as well. Where does the independent go from there?"

Mr McKenzie bought a pharmacy near the Cameron Toll development in 1982, hoping to move into the centre when it opened. After some excuses, he was told that Boots had made banning other pharmacies a condition of their taking the site. He has since opened a new shop in Morningside, and is trying to sell his Inch business.

Boots argue it is common for the major site-holder in shopping developments to ask for restricted trading from competitors.

Local advisers list from CPP

The College of Pharmacy Practice has a comprehensive list of pharmacists who have agreed to act as local research advisers.

The College will supply the name of a local adviser to any pharmacist, whether a member or not, who wants advice on the planning and presentation of practice investigations. Inquirers would be expected to travel to advisers.

Copies of the College's guidance on



Brian Rowe, MPS (centre right), of Frenchwood Pharmacy in Preston, has won two tickets to the fourth Vestric convention in Monte Carlo, thanks to the Vantage window-dressing competition. Presenting the prize is Alan Turner (left), Vestric retail development manager, with pharmacy assistant Julie Gordon taking temporary custody. Bob Sherlock, Vestric branch manager at Heywood, near Manchester, look on

preparation and presentation are also available, free of charge, to any pharmacist.

The College intends to start one or more major investigations into aspects of pharmacy practice, as well as continuing to give advice on investigations by individuals and groups. The topics chosen should promote the standing of pharmacy practice within health care.

Pharmacists are invited to submit proposals for topics to the secretary of the College, 1 Lambeth High Street, London SE1 7JN.



Macarthy's BPSA football cup for 1985 has been won by the Robert Gordon Institute of Technology, who beat Portsmouth Polytechnic in the final at Heriot-Watt. Brendan Gormley, captain of the winning team, accepted the cup from Macarthy's Glasgow branch manager George Rogers

Humphrey Rowland, died quietly at Wrexham War Memorial Hospital, after a short illness, on February 22, aged 75. Mr Roland worked for 40 years for Numark wholesaler L. Rowland in Wrexham. He resigned as chairman in January in favour of his nephew, Roland Cole who represents the fifth generation of the family who have run L. Rowland since it was founded in 1810.

Thomson retires from Reckitt

Mr Norman Thomson, commercial director of Reckitt & Colman's pharmaceutical division, is to retire in May. His responsibilities have been taken over by Liam Strong, who has been appointed marketing and sales director with responsibility for OTC and prescription medicine ranges, and all R&C products in the chemist trade.

Mr Thomson has been in the pharmaceutical industry for 33 years, the last 19 with Reckitt. He joined Maws in 1952 as a sales representative in the Lancashire area. He moved on to Pfizer, where he spent nine 'exciting' years before moving to Reckitt in 1966 as chemist sales manager. "It was a sleepy company when I arrived," he recalls.

Mr Thomson will be staying on as Reckitt's representative on the Proprietary Articles Trade Association and the Aspirin Foundation. He is also a member of the Institute of Pharmacy Management.

Tosara Products (UK) Ltd: Joseph Mullins has been appointed managing director. He takes over from Brendan Smith who will concentrate on product development.

Lilly Industries Ltd: Derek Anthony has been appointed public relations manager.

John Hamilton (Pharmaceuticals) Ltd: Mr Robin Waddell has been appointed company chairman following the sudden death of Mr Steven Fraser on January 13. Mr David Stuart becomes operations manager. He has been employed in pharmaceutical distributing since 1976 and has worked for both Unichem and Vestric.

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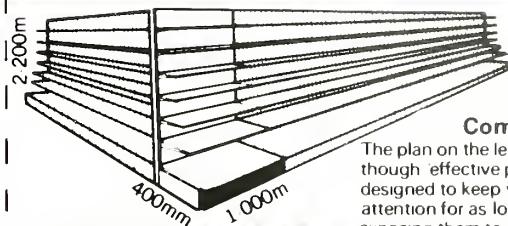
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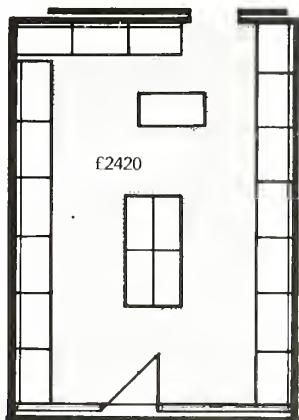
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The seat is 45mm square (fitting most wheelchairs) and the product is lightweight, waterproof and folds flat.



Push Cush from the same company has won awards in Switzerland and the USA. The travel version is 41cm x 33cm and comprises two chambers connected by a channel. The device is semi-inflated and the two sections depressed alternately by pressure of the feet.

This pedalling action combats the effects of prolonged travel, such as in aircraft.

Cold Comfort

An Australian company manufactures cold therapy products for treating sprains, bruises and swelling.

The range includes an instant ice pack which needs no refrigeration, since it contains separated chemicals which activate and cool when the seal is broken.

The cold compression bandages can cool without refrigeration once removed from their packaging.

These Australian made products have strong potential for the British market. The potential of good sales for the agent and as efficient, reliable products for the end user. They demonstrate the specialised skills and expertise of Australian manufacturers. Manufacturers whose products have proven their worth by their performance internationally. If you are interested in any of the listed products, please contact the Australian Trade Commissioner who can help you with all details.

Cold/hot packs frozen colder than ice or used as hot poultices assist in treating bruising and swelling, as does the cold compress pad. This is flexible and re-freezable, being made from open celled foam saturated with non toxic gel. The compress is non-leak and re-usable.

The company is seeking a UK distributor.

Hand and Foot Care

F C Hawley's range of quality emery board nail files is sold in major department stores and beauty salons throughout Australia.

This attractively packaged range of hand and foot care products includes "Satin Buff", "Black Beauty", "Le Manicure" and "Pedipad". The Company is seeking a UK Distributor.

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For further information



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